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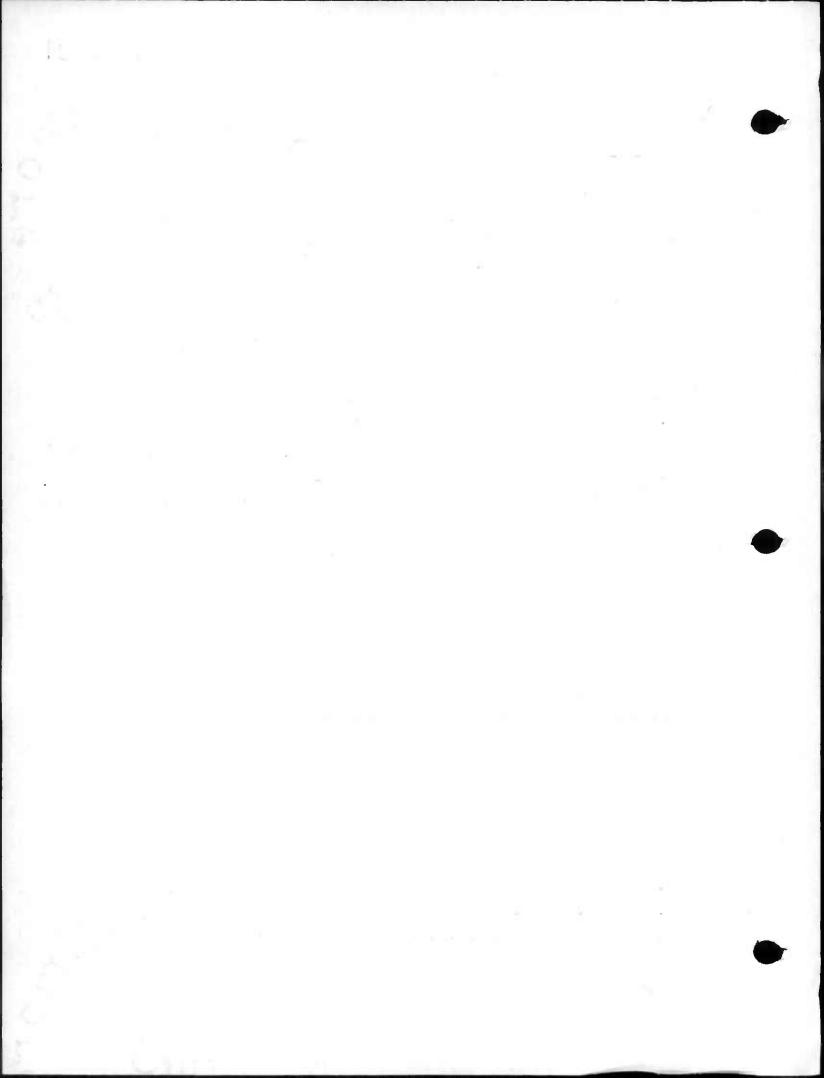
FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Elizabeth Anna Cook September 1994 11:44 P M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 511-42-1918 68 06/03/1926 Germany use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Johns Hopkins Hospital Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Baltimore Dundalk 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3148 Walkord Drive Apt. B 21222 United States ay be retained by the hospital or attending physician, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-it yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 1 TES 2 NO Specify: В 3 Widowed 4 X Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Ed's Inn Not Known Bar Maid 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Not Known Matiuka Ħ Not Known BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Robert Cook Dundalk. Maryland 2004 Barry Road 21222 ours after death. Page 6 may be 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 ☐ Burtel 2 💢 Cremetion 3 ☐ Re director, nevery cremetory or other classes ice Corp. 9/21/94 Towson, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNCHAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral (Duda-Ruck Funeral Home of Dundalk, Inc. ART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,

Ap filled in by the fillion, or removal. medicai **Approximate** shock, or heert fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel the cremation, disease or condition_ BRADYCARDIA completely traumatic event, reaulting in death) executed with DUE TO (OR AS A CONSEQUENCE OF): and com ARTERY CERTIFICATION KENTONO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DIRECTOR: After this certificate has been signed by the attending physician a hours after death with the State Dept, of Health and Mental Hygiene prior to I item 28 is marked, or Item 23 shows any Injury, or other trauma if any, leeding to immediate cause. Enter UNDERLYING the death certificate be CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS requires that AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 □ YES 2 □ NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO ☐ Inpetient 2 ☐ ER/Outpstient 3 ☐ DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c. INJURY AT WORK? 28b. TIME DF INJURY 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

//Check note

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE m. moor Moore MD M2894 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) M. Moore MD. 600 N. Wolfe Street Baltimore, Maryland

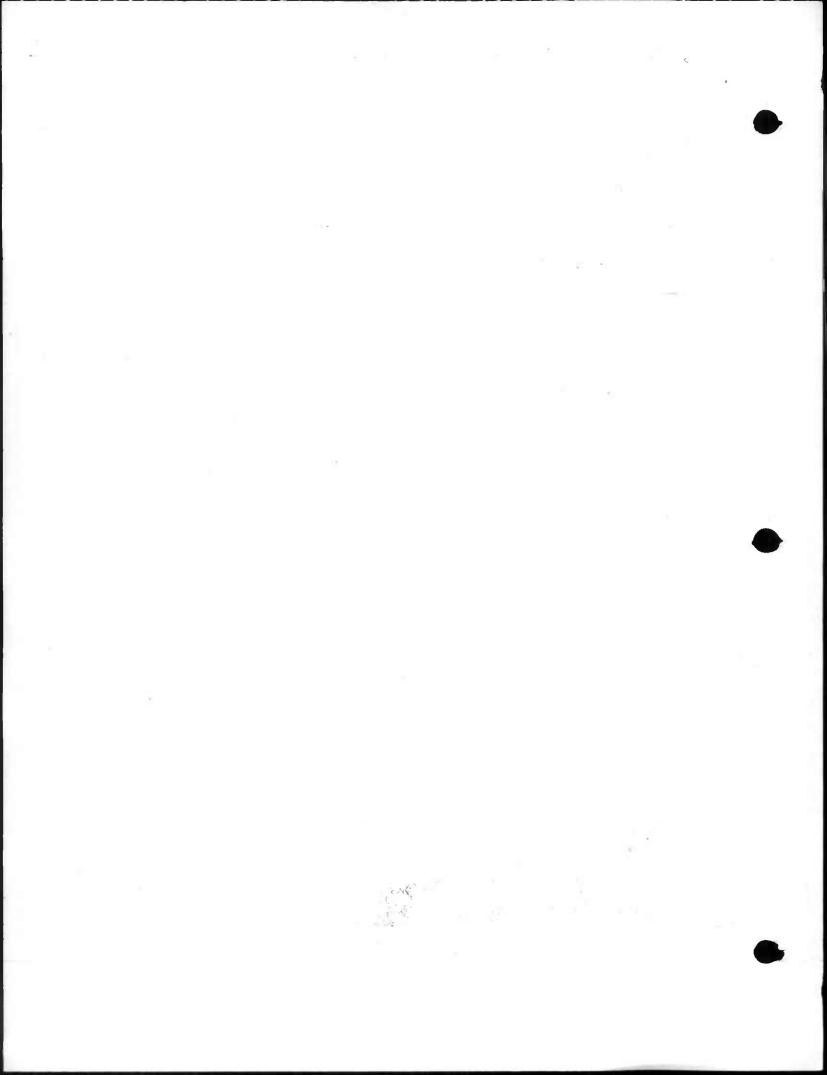
32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PITAL OR ATTEN OBRECTOR: The hours after The item 28 Is
0. 400 0. 601

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Lest) KERMTT KAT,MAN COHEN MONTH							YEA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF LINDER 24 HRS.	SEPT 21	, 1994	RTNPLACE (State or Foreign			
	215-12-3141A		1 YRS.	MONTHS DAYS	HOURS MIN.	2-6-1923	Co	RTNPLACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF OR	EATH	9c. COUNTY O	F DEATH			
DIRECTOR	7831 SHEPHERD AV	/ENUE		PA	RKVILLE		BAL	TIMORE			
3EC	10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCAT	TON			10d, INSIDE CITY			
	MD E	BALTIMORE		PARKVI	LLE			LIMITS?			
RAL	10e. STREET AND NUMBER	(DATE)		10	ZIP CODE		l [*]	IZEN OF WNAT COUNTRY?			
FUNERAL	7831 SHEPHERD AV	12. WAS DECEDENT EVER IN	11 C ADMEO	42 1100 050	21234	IIC ORIGIN? (Specify Yea	USA				
	1-17 Never Married 2 Married	FORCES? 1 TY YES	2 NO	If yes, sp		n, Puerto Rican, etc.)	В	ACE — American Indian, leck, White, etc.			
Э ВУ	3 Widowed 4 Divorced	WWI			- Mio obecui			pocity: WHITE			
E	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION work done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)		INEER		WJZ-T	ELEVISI	ON STATION			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Meiden					
BE (SYLVAN G. COHEN				JENN	IE GASSER					
2	190. INFORMANT'S NAME (Type/Print) MRS. LINDA COHEN					ARKVILLE,					
	20a. METNOD OF DISPOSITION	20b									
	20b. PLACE AND DATE OF DISPOSITION 1 Description S Comparison City or Town, State 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AT		& BROS.					
	by M	au Xellus	_	6010	REISTER	IOWN RD.	BALTO.,	MD 21215			
	23. PART & Enter the diseases, or shock, or heart failure	complications that caused b. List only one cause on ea	the death. Do i ch lina.	not enter the mo	de of dying, auci	h aa cardiac or respi	ratory errest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Brokkoguic Carclivorus										
ŀ	resulting in death) a. Due TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions,	b									
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):							
IFIG	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST	d									
CAL C	PART II. Other eignificant condition	ona contributing to death bu	it not reaulting	in the underlying	Cause given in	Part 1. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS			
DIC/	Crove	acty 0	lese	20		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?			
MEDIC		0				_		1 TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			S NO C	UNCERTAIN	10					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		OTHER:	s 5 🗆 Residence	e Cl Other (One-It)					
¥.	27. MANNER OF DEATN	28e. OATE OF INJURY (Month, Day, Yeer)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE NOW IN	JURY OCCUREO	,			
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆 1	'ES 2 NO							
	3 Suicida 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, :	street, factory, office		281. LOCATION (Street e City or Town, Stete)	nd Number or Rur	al Route Number,			
E	29a. CERTIFIER	SICIAN: To the head of my travel.	4 4								
3 Suicide 4 Nomicide 6 Could not be determined 281. LOCATION (Street and Number City or Town, Stete) 292. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner as atterned at the time, data and place, and due to the cause (e) and menner at the time, data and place, and due to the cause (e) and menner at the time, data and place, and due to the cause (e) and menner at the time, data and place, and due to the cause (e) and menner at the time, data and place, and due to the cause (e) and the cause (e) an								e(a) and manner on stated.			
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-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	11/2	& hed	12	1133			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	PERE	whee ,		- rug		- / /			
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BAL HMORE, MARYLAND 21215-002	Page 6 may be retained by the hospital or attending of
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31. DATE FILED (Month, Day, Year) SEP 2 3 1994

32. REGISTRAR'S SIGNATURE

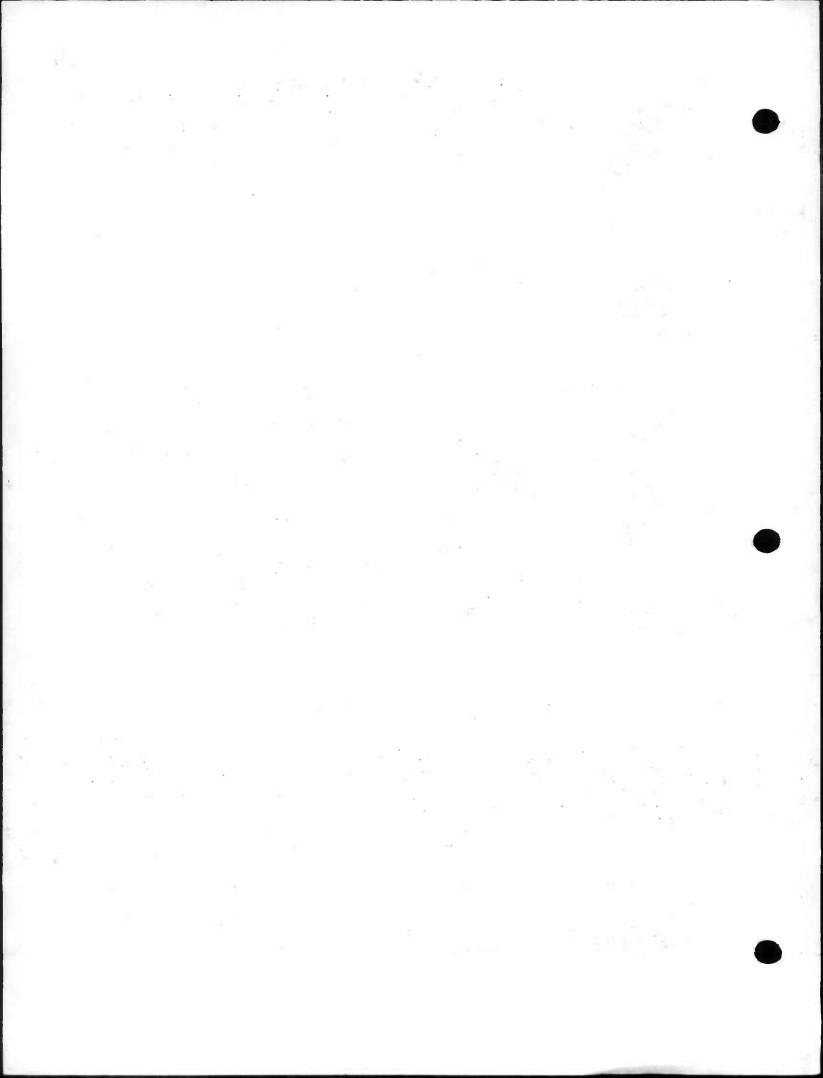
			FOR 1 - STATE REGISTRAR	STATE OF	MARYLAN	ND / DEPAI	RTMEN	T OF H	IEALTH Dea'	AND	MENT	AL HYGIEN REG. NO.	Ε		
			1. OECEDENT'S NAME (First, Middle, Last)									E OF OEATH			3. TIME OF OEATH
•			EDGAR CAMPBELL Sept. 20 1994									1:45P M			
_			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR						R 24 HRS.	7. DAT	E OF BIRTH			PLACE (State or Foreign
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2, 3 should			9e. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	r, TOWN C	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH
2, 3		OR	Franklin Square Hospital Baltimore									more			
- S		ЕСТОВ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c Cr	TY, TOWN	OR LOCAT	ION						10d, INSIDE CITY
permit. Pages 1,		E		altimor	e 		unda	11k	10.04						LIMITS?
sit		FUNERAL	7614 Meadow	Way				101	212	_				JSA	VHAT COUNTRY?
020 physician. burial-transit		5	11. MARITAL STATUS	12. WAS DECEDER								IN? (Specify Yea	or No-	14. RACI	— American Indian,
21215-0020 If or attending physician. for use as the burial-tran		B	1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES								w White		
21 atter		딢	15. DECEDENT'S EOU (Specify only highest grade		completed) (Give kind of work			ork done during most of working				b. KIND OF BUS	SINESS/INI	DUSTRY	
		E	Elementary/Secondary (0-12)	College (1-4 or 5	College (1-4 or 5+) We. Do Not use r Techni			nician				T.V			
The hospital detached for	69	COMPL	10th												
MARYLAND 2121 retained by the hospital or atti 5 should be detached for use	at once.		17. FATHER'S NAME (First, Middle, Last)	1								Middle, Maiden	Sumame)		
MARYI retained by 5 should be	60	H													
(f) as	a notified	2	Janet Blanken	ship	hip 6 Plateau Rd. Baltimore, Md. 2122						21				
BALTIMORE, er death. Page 6 may be the funeral director. page	must be		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel Irom State		ACE AND DATE by, crematory or Olly			ime of		1	TE 20c. LO 23 Ba:	cation — 1 t. i m	-	
Page al dire	ner	4	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AT	ND ADDRE	SS OF FA	CILITY				
-	l examiner must		· Colt Co	nnell	4										unda1k 1k 21222
2 2 3	dic		23. PART i. Enter the disasses, or complications that sueed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one acute on each line. Approximate interval Between												
	3		IMMEDIATE CAUSE (Final	Onset and							Onset and Daath				
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death death	injury, o	8		d											
	2	¥	PART II. Other algnificant condition	s contributing to	death but	not reaulting	in the u	nderlying	g cause	givan In	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
RECORE requires that the seen signed by the	shows any	MEDIC										1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
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	13	SICIAN:	DID TOBACCO USE (CONTRIBUTE	TO C	AUSE OF	DEA	TH Y	ES 🗆	NC		-			
上 年 報		₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			OTHE		ACE OF D	DEATH (Ch	eck only	one)			
F VIT/ SICIAN: The certificate	10	ΥS	1 VES 21 NO				4 🗆 Nu	sing Hom		ealdenca		ner (Specify)			
O 축 품질	ke	ВУ РНУ	1 Natural 5 Pending						JRY WORK?			26d. DESCRIBE HOW INJURY OCCURED			
DIVISION OF VI. OH ATTENDING PHYSICIAN: BEFTUR After this certifical	28 ts m	03	2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined						reat, tactory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
OIV NA PROPERTY	T	Ę.	29a. CERTIFIER		to a second	no augment		, un-		27.534		15			
3 転れ	Ę	OMP)	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the beat of) and menner as stated.
E HOSPI	4	2	296 SIGNATURE AND TITLE OF CENTIFIE	A .			-		29c. LiC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
E E E	MPG	8	(Atyles	lungen	1	-			D	36	95)	•		1194

1012 Old. N. Pt. Rd. Bolt. MD 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN	_			C-11710	IOAIL	01	DEATH	REG. NO.			
	n. decedent's name (First, M Marlee A	liddle, Lest) 1exis	s Cohe	n					2. DATE OF DEATH DAY YEAR SEPT. 16, 1994			3. TIME OF DEATH 5:26P M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. le	et hirthrian	IF UNDER 1	VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTH	199		IPLACE (State or Foreign
		. 1	1 M 2 TYF	0. HOL (111)/13. 10	YRS.		DAYS	HOURS MIN.	(Month, Day, Year)	1	Countr	y)
	/ L											ryland
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									EATH		
Ö	Holy Cross	Holy Cross Hospital							Silver Spring Mor			
5	RESIDENCE OF DECE	OBNT Ob. COUNTY			10- 017	V TOURI OF						
E					CITY, TOWN OR LOCATION					- 1	10d. INSIDE CITY LIMITS?	
Ω.	Maryland	Monto	omery		Si	<u>lver</u>		pring				1X YES 2 NO
Ĭ₹	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											VHAT COUNTRY?
i iii	52 Kinsman View Court 20901 U.S.A.											
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No 14.										14. RACE	- American Indian, c, White, etc.
BY F	1 Never Married 2 Mil		IF YES, GIVE V							Speci		
	3 Widowed 4 Divorced White											white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										USTRY	
	Elementary/Secondary (0-12	2)	College (1-4 or 5	114	e. Do NOT u	se retired.)						
2 N	0				n/a				n/:	a		
	17. FATHER'S NAME (First, Midd	fle, Last)						18. MOTHER'S N.	AME (First, Middle, Maiden	Sumame)		
BE (Mark A. Cohen Susan Beth Kallman											
8	SO INCOMANT'S NAME (Top Strict)										20001	
2	Mark A. Col	nen		1								20901
2	Mark A. Cohen 52 Kinsman View Court, Silver Spring, Md.											
TO BE COM	20a. METHOD QE DISPOSITION 1 Duriel 2\(\text{Dennation } 3 \square \text{Removal from State} \) 20b. PLACE AND DATE OF DISPOSITION (Name of cambiany, crematory or other place) Months of the (Specific Annual Control of the place) Months of the (Specific Annual Control of the place)											
5	4 Donation 5 Other (Specify) Metropolitan Crematory 9-19 Alexandria, Va. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
		0 /		•					n Funera	1 Но	mes	
EXG	o wa	と、ん)illia	CW								_
2	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heert failure. Liet pnly one ceuse on each line.											
i di	resulting in death) a. A XTYPING MMOTUVI FUY DUE TO (OR AS A CONSEQUENCE OF):											
2	disease or condition a. Extreme immaturity Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
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	thet initiated events reaulting in death) LAST		552 10	(OII AS A CONSE	OOLINGE O	,						_ii
CERTIFICATION			l									
	PART II. Other eignificant	condition	contributing to	death but not	reculting	in the unc	derlyin	g ceuse given ir	Part I. 24e. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL					The country of the great are a second great are			PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1 _ YES 2	□ NO		OF DEATH?
Σ												1 TYES 2 NO
PHYSICIAN:	DID TOBACCO		CONTRIBUT	E TO CAL	USE O	F DEAT						
	25. WAS CASE REFERRED TO I EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH (C	heck only one)			
YSI	1 TES 2 X NO		iX Inpatient 2 □	ER/Outpatient	3 🗆 DOA			ne 5 🗆 Reeldence	6 Cher (Specify)			
E E	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIN	E OF		JURY AT	28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУ РР	1 Natural 5 Pe	nding reatigation				М		YES 2 NO				1
	0 0 0 0 1 1 1 1 -	ould not be	28e. PLACE C	F INJURY At h etc. (Specify)	ome, 1arm,	street, lacto	ry, offic	e	281. LOCATION (Street	nd Number	or Rural F	Route Number,
TEI		termined	bullating,	www. (Openiny)					City or Town, State)			
COMPLETED	29a. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, end due to the ceuse(a) end manner as stated.											
M P	one)											
0	2 MEDICA	L EXAMINE	t: On the been of e	xamination and/or	Investigation	on, in my op	Minion, d	leath occured at the	time, date and place, en	d due to th	e cause(s	i) and manner ea stated.
E U	296. SIGNATURE AND TITLE O	F CERTIFIE	h	00				29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
D 25141 D 21									2-94			
일	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	, Print)			. ,			
	Marilea K.	M + 1 1	or 150	0 Fara	c+ C	100	D ~ -	A C41	TOP Carl	^~	Ma ·	20010
	31. DATE FILED (Month, Day, Yes		32. REGISTRA	R'S SIGNATURE	<u> </u>	Tell	KU.	10 V DIT	ver Spri	10,	rid .	20310
1	SEP 23 1994	4										
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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	CHANGE
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	COUNTY OF STITUTES OF SCHOOL STATE AND

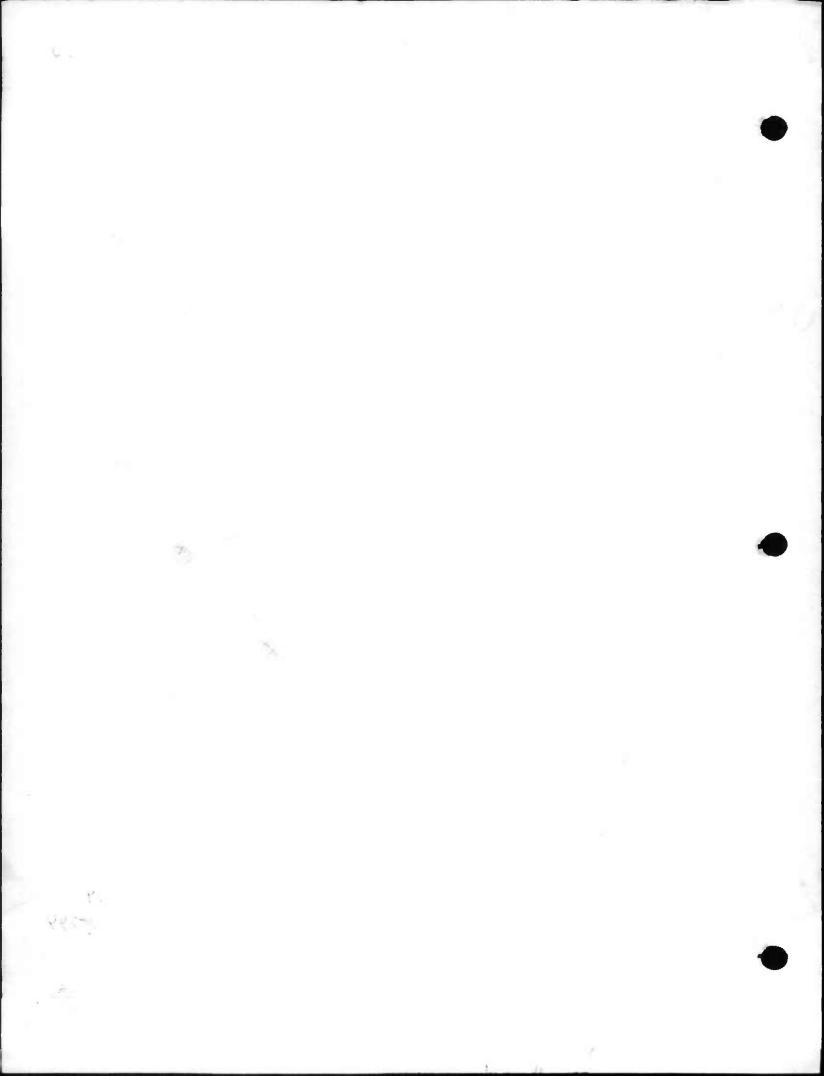
1. DECEDENT'S NAME (First, Middle, Last) Baby Cunningham Воу 2. DATE OF DEATH 9 - 13 - 94 3. TIME OF DEATH Babubey unningham 05110 98 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. The Maryland 1 XM 2 - F MIN. 39 day -12. detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Howard (6 Howard olumbia Howard 0 nera (0 tospita RESIDENCE OF DECEDENT 10b. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Wash Washington, 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1474 Columbia Road 20009 USA fours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE -- American Indian, Black, Whits, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, IF YES. GIVE WAR OR DATES 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harold Cunningham Rolanda Cunningham funeral director, page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Rolanda Cunningham same 10A eq 20a. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats OATE must 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rodald examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W.Baltimore St,Balto,MD 21201 attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. medicai 23. PART i. Enter the diseeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition EXTREME PREMATURIN event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate MEMBRANE DI SEASE cause, Enter UNDERLYING CAUSE (Disease or Injury other that initiated events POSSIBLE resulting in death) LAST 6 the attend in ury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO рееп has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? State certificate HOSPITAL OTHER: atlent 2 ER/Outpe ent 3 🗆 DOA ne 5 🗆 Residence 6 🗆 Other (Specily) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED with marked, this 1 Natural
2 Accident 5 Pending В 1 YES 2 NO After t 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: / 4 Homicide it item 29s. CERTIFIER

(Chack only

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and menner as stated. FUNERAL C TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF DERTIFIER. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Days Year) D3991 94 FMD 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BLECHMIN MA HO WHED HOSATOR COUNTY GENERAL COLUMBIA 31. DATE EILEO (Month, Day, Year) SEP 2 3 1994 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First, Middle, Last)	MAE	Den	201	,	2. DATE O		21 9	32/ 3	TIME OF OEATH		
9	217-16-6742	□ M 2 Q F 75	YDS MONTHS DAYS HOURS MIN. (Month, Day, Year)							BIRTHPLACE (State or Foreign Country)		
TOR	98. FACILITY NAME TI not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 1 A 1 S + ON RESIDENCE OF DECEDENT 1 A 1 S + ON 1 A 1											
DIRECTOR	MD • 106. COUNTY 106. CITY, TOWN OR LOCATION EDGEWOOD											
FUNERAL	1714 DEERWOOD CT.				ZIP CODE .040				N OF WH	AT COUNTRY?		
B	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	. Mo	3. WAS DEC	ENDENT OF HISPAI celfy Cuben, Mexica 2 NO Specif	in, Puerto Ri	(Specify Yes		Specify:	- American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		a. DECEDENT'S USUAL (Give kind of work doi life. Do NOT una retire	se during mor	N It of working	16b. (KIND OF BUS	SINESS/INDU				
BE CON	17. FATHER'S NAME (First, Middle, Last) LOUIS WELLS JR.				18. MOTHER'S NA		ddle, Maiden	Sumeme)				
2	190. INFORMANT'S NAME (Type/Print) DORA LEE WELLS		196. MAILING ADDRE	SS (Street a.	CT EDG	Route Numbe	MD.	n, State, Zip C 21040	ode)			
DURA LEE WELLS 548 CROWNWOOD CT. EDGEWOOD MD. 21040 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of BERNEZER BAPT. CHURCH CEM. 9/24 JOPPA MD.								y or Town	, Stata			
		rouw	h	M. C.		COMMUI				.NORTH AVE.		
	23. PART Enter the diseases, or com- ahock, or heart feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	any one couse on each	tile.	er the mod	le of dying, suc	h as cerdi	ec or reepi	ratory street	t,	Approximate interval Between Oneet and Deeth		
ERTIFICATION	Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
MEDICAL CE	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1											
HYSICIAN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF OEATH (Chec		UNCERTAII	N D						
HYSI		Inpatient 2 ER/Outpatier 28s. DATE OF INJURY	nt 3 DOA 4 N		5 Residence			JURY OCCU	SED.			
4 P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	t 🗌 Y	RK? ES 2 NO							
28e PLACE OF IN ILLOY At home from which forther willing the common of t								nd Number or	Rurel Rou	te Number,		
291. LOCATION (Street and Number or R LOCATION (Street and Number or R City or Town, State) 292. CERTIFIER (Check only one) MEDICAL EXAMINER: On the besis of examination snd/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ee attated.										nd manner as stated.		
O BE C	296. SIGNATURE AND TITLE OF CHIPPIEN	9			296. DICENSE NUN	WBER 44	+	29d. DATE S	IGNED (M	Jonith, Day, Year)		
=	30. NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF OEATH	(ITEM 27) (Type, Print)	Bal	ans	Roz	-d-	421	lete	= MD2140		
	31. OSEP 23 1994 J.	32. REGISTRAR'S SIGNATUR	RE									

1 O 1 D 7 . . .

YEAR

994

9c. COUNTY OF DEATH

Country) MD

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE — American Indien, Black, White, atc.

Specify: BLACK

3. TIME OF DEATH

8:35

10d. INSIDE CITY

1 YES 2 NO

Approximata Interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 | YES 2 340

29d. DATE SIGNED (Month, Day, Year)

Onset end Death

B. BIRTHPLACE (State or Foreign

Рм

REG. NO.

2. DATE OF DEATH MONTH DAY

SEPTEMBER 17

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARVIN

4. SOCIAL SECURITY NUMBER

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5. SEX

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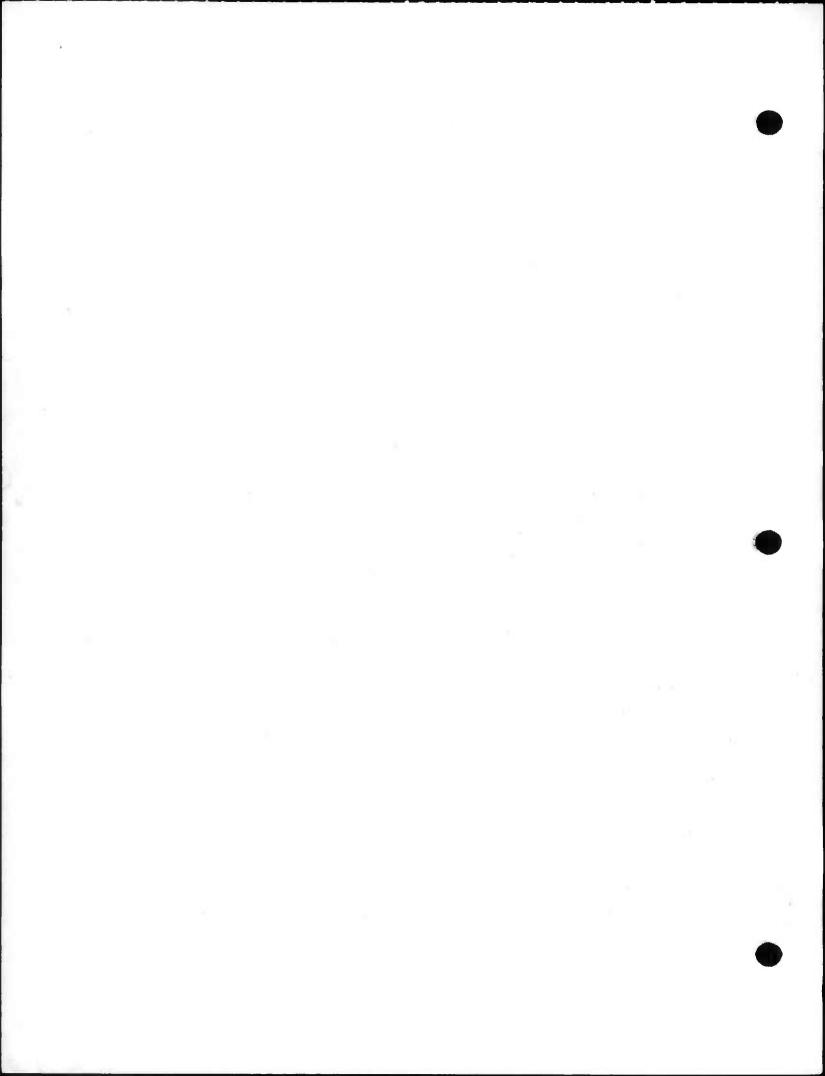
8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3-26-69 217-02-6879 1 × M 2 - F 25 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTO BALTO MD permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 112 ENCHANTED HILLS RD 21117 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2000 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-X Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES X NO Specify: BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION

16 work done during most of working ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementery/Second ndary (0-12) 2YRS UNKNOWN COMPL once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES E. DUPPINS JR. F GERALDINE CHANDLER BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GERALDINE DUPPINS 112 ENCHANTED HILLS RD OWINGS MILLS, MD Page 6 may be þe 20a METHOD OF DISPOSITION
XX Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nam 92494 RANDALLSTOWN, MD must CKING MEMORIAL PARK 4 Donellon 5 Other (Specify) OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY filled in by the formal. MARCH F/H-WEST 4300 WABASH AVE medical 23. PART is Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, shock, or held feliure. List only one cause on each line. ö IMMEDIATE CAUSE (Finel the disease or condition_ cremation, 155em. NAtel Intravascular Congulation completely event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) and con bunial, regative traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate ~l cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST ell sidde the atter Mental PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24e. WAS AN AUTOPSY by t PERFORMED? shows any signed | 1 TES 2 THO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1 TYES 2 100 10 hpatient 2 - ER/Outpatient DOA 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED with Natural 1 YES 2 NO BY After 1 death Invest/gation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, atreat, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is DIRECTOR: / COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee ateted. TO THE FUNERAL TO THE FUNERAL IDE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 29b. STONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 0640 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) and E. WENG 600 N. WULRST. MD 21205. 31. DATE FILED (Month, Day, Ybar) 32. REGISTRAR'S SIGNATURE SEP 23 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

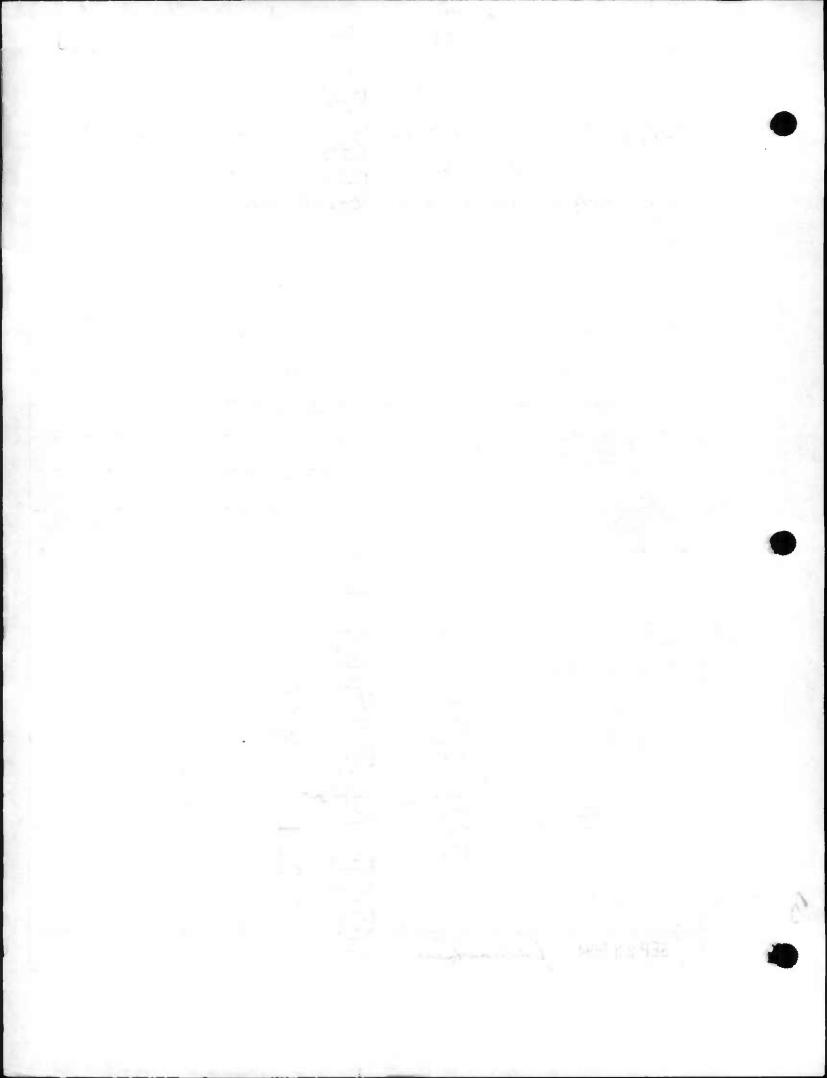


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SEP 2 3 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Memail Hygiene prior to burial, cremation, or removal. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLAND				E						
	1. DESCRIPTION NAME (First, Microson, Last)	5 DASCH	WK	E OF DEATH	REG. NO.	2 94	3. TIME OF OEATH					
	4. SOCIAL SECURITY NUMBER 314-24-9809 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. In 1 M 2 F 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9 4 9	7 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) //-ZS-/2	Cours	ryland					
TOR	AESIDENCE OF DECEDENT	- 1300 Wind)	ASS DA	BALYO 1	nD	212	70					
DIRECTOR	100. STATE 10b. COUNTY Md. Bala	timore	10c. CITY, TOWN	or location Ltimore		10d. INSIDE CITY LIMITS? 1 YES XX NO						
	100. STREET AND NUMBER 1403 Wilson Ave			101. ZIP COOE 2/220	10g. CITIZEN OF WHAT COUNTRY?							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 CWidowed 4 Divorced	12. WAS OECEOENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR OATES										
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (lut or 5 +)	DECEDENT'S USUAL OF (Give kind of work done the Do NOT use retired.) HOMEMAR	during most of working	166. KIND OF BUS	SINESS/INDUSTRY						
COM	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)						
BE	John Stotaky 198. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADDRES	I RERE	Route Number, City or Tow							
임	Mrs. Maria D. G			lilson Poir	rt Rd. Ba	Lto. Mc	1. 21220					
	20a. METHOD OF DISPOSITION 1		TE AND DATE OF DIS			alto.	Town, State					
1500	21. SIGNATURE OF FUNERAL SERVICE LICE	1. /1 / 3	22	name and address of Fi artley Mix 527 Harlon	ACILITY'	,	ne 1. 2/234					
	23. PART I. Enter the pleases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory srreat, interval Between Onset and Destriction resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:										
PHYSI	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	ing Home 5 Realdence 8 Other (Specify) 28c. INJURY AT 2ad. DESCRIBE HOW INJURY OCCUREO							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa	1 YES 2 NO		2at. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	Torroom only &	CIAN: To the best of my knowledge, R: On the blass of examination and					(a) and manner as stated.					
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	≥ 9 G	2 94									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

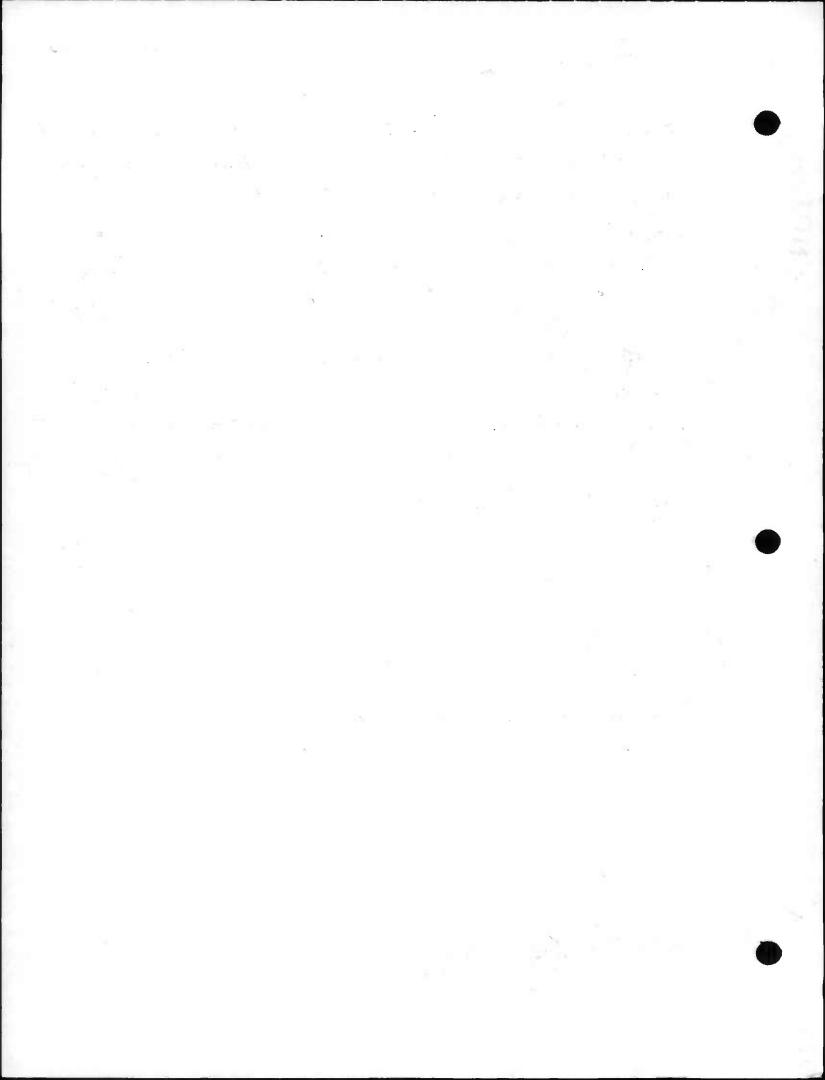
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	PEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND MEATE OF DEATH	ENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) Paul	Davis		2. DATE OF DEATH MONTH Q 2 2 1997	3. TIME OF DEATH 2:43 A M
FUNERAL DIRECTOR	220-68-0596 1	18 M 2 □ F 34 YRS. MO	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 1259 M2	THPLACE (State or Foreign ntry)
	FAIRHAVEN AVE		BALTIMORE		DEATH
	100. STATE 10b. COUNTY		TIMORE		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER FAIR HAVEN AV	= 3809 Apt.4	101. ZIP CODE	10g. CITIZEN OF	1 YES 2 NO
BY FUN		2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Maxican, 1 YES 2 NO Specify:	Puerto Ricen, alc.) Bia	CE — American Indian, ick, White, atc.
	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Give kind of work	done during most of working	16b. KIND OF BUSINESS/INDUSTRY	WhiTe
COMPLETED	Elementary/Secondary (0-12)	PRYWA	Il finisher	Constructi	ON
BE CC	JAMES	Davis	IREN		ck
5	Debra ANN F	Pavis Fairhau	VEN AVE 38091		21226
	20a. METHOO OF DISPOSITION 1	GREENMO	place)	DATE 200. LOCATION - City or 9/24 BALTIMOR	e, Maryland
	21. SIGNATURE OF FUNEBAL SERVICE LICENS	(homachi	1005 DundA	Ki / Choj NAC	K, F. H, P.A.
	23. PART I. Enter/tha diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		antar the mode of dying, such	as cardiac or raapiratory arrest,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
A	PART II. Other algnificant conditions of	ontributing to death but not resulting in t	the undarlying cause givan in P	art I. 24a. WAS AN AUTOPSY PERFORMEO? 24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	DID TORACCO HIST CO	ONITRIBUITE TO CALLES OF		1 🗇 YES 2 🗇 NO	OF CEATH?
SIAN	25. WAS CASE REFERRED TO MEDICAL	ONTRIBUTE TO CAUSE OF	28. PLACE OF DEATH (Chec		
IYSI		☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4	THER: Nursing Home 5 # Residence 8		
BY PH	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY	WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al home, lerm, stree building, alc. (Specify)	et, factory, office	281. LOCATION (Street and Number or Rural City or Town, State)	l Route Number,
COMPLETE		N: To the best of my knowledge, death occurred a on the best of examination and/or investigation, in			(a) end manner ee stated.
TO BE	296. SIGNATURE MICO TITLE OF CERTIFIER	of plipus	29c. LICENSE NUMB	29d. DATE SIGNE	(Month, Day, Year)
	MILHARL PLETOIT	OMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pri	EAsier AVA	BAYIMON N	LINI
	SEP 23 1994	32. REGISTRAR'S SIGNATURE			



BALTIMORE, MARYLAND 21215-0020	law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physici
TIMOR	h. Page 6 mar
	ours after deat
1	
L RECORDS, P.O. BOX 68760,	executed with
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SEC	aquires
Spiller.	=

DIVISION OF VITAL RECORDS, P.O. BOX 68760, C.

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the if be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

	HEGISTHAH		0	EKIIF	CAIL	Ur	DEAL	П	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Myrtle M.			Dunn 2. DAT				2. DATE OF DEATH MONTH 9/18/94	DATE OF DEATH ONTH ONT			
			6 AGE (In use In					A DIDTUDI	ADE (0)			
	217-46-0923					DAYS	AYS HOURS MIN. (Month, Day, Year) 01/29/06		7. DATE OF BIRTH (Month, Day, Year) 01/29/06	6. BIRTHPLACE (State or Foreign Country) N H		
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN C	R LOCATIO	N OF DEA		9c. COU	NTY OF DEA	тн
OR	10155 Queens Circle				W.	Oc	ean (City		Worcester		er
티	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT											
DIRECTOR	MD Baltimore			Baltimore					10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
A	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	9826 Harford Rd						2123	4			US	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 20 IF YES, GIVE WAR OR DATES				IRMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, apecify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			, Puerto Rican, etc.)	Yee or No 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION 16a. DE (Specify only highest grade completed) (G			ECEDENT'S Give kind of w	USUAL OC	CUPATIO	N st of working	7	16b. KIND OF BUS	SINESS/IND		
اي	Elementary/Secondary (0-12)	College (1-4 or 5	+)									
E					Homemaker							
	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle, Maiden	Surname)		
BE	Percy Herrick								n Ballard			
2									oute Number, City or Tow			
	Wayne C. Penley	Sr.		9826	Harfo	ord	Rd.	Bal	timore, MI	D 21	234	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE Cametery, cri Parks	AND DATE O	Ceme	eter	. У	9	/22/94 Ba	Itimo	re, N	ID
	1X Burlel 2 Cremetion 3 Removal from State Commeton 5 Other (Specify) Parkwood Cemetery 9/22/94 Baltimore, MD									Home		
	11. X4 /	Surley										
NO	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. ODE TO	ONARY O (OR AS A CONSE	AZ OUENCE OF	<i>TFRY</i> 7:							Interval Batween Onset and Dauth
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	DART II Other desident and dist											
MEDICAL	PART ii. Other significant conditio	rasulting (n the unc	Jarlyin	g cause g	Ivan in F	Part i. 24a. WAS AN PERFOR	MED?	C	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO		
ä												
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ck only one)			
S	TYES 2 NO		☐ ER/Outpatient :	3 DOA	OTHER		e 5 🗆 Res	sidence (Other (Specify)	BIVA	TE A	YOME
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE O (Month, i	F INJURY Day, Year)	28b. TIMI	E OF URY M	WC	URY AT PK? YES 2	NO NO	28d. DESCRIBE HOW			
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, lerm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								ite Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS								io the cause(e) end mer			and menner ee stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIE	Holwork	t n	1.	Т		29c. LICE	DG.	1941	29d. DAT	E SIGNED IN	Konth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W		ISE OF DEATH (ITE	EM 27) (Type,	Print)	3 .	SNOO	W S	T. Svon	1 14	V N	3. 2/8/3
	31. DATS ELP (140,007) 0 1994	32. REGISTR	AR'S SIGNATURE	··							-,	

BALTIMORE, MARYLAND 21215-0020	LER APTIVIDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Extra contribute this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have been signed by the attention of the signed by the signed by the attention of the signed by the	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24	The John It Affer this certificate has been signed by the attending physician and completely filled in by the f	Trans is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OISING	AL UR ATENDIN	hour age dea	The State of

TO THE H

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYDERIC

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
į.	1. DECEDENT'S NAME (First, Middle, Lest)	E	D.7.7	757110	_		2. DATE O	OF DEATH	NA.	YEAR	3. TIME OF DEATN
	Sophia 4. social security number	E.		ERING				9/94™			9:13 am. M
	213-03-3588	5. SEX 6.	AGE (In yrs. last		IF UNDER 1 YEAR HONTHS DAYS	HOURS MIN.	7. DATE C	Day, Year)	205	Country	
	9a. FACILITY NAME (If not institution, give str		- 09		9h. CITY TOWN O	R LOCATION OF D		25, 19		Mar INTY OF D	yland
DIRECTOR	Franklin Square	,			·	ltimore				timo	
35	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCAT	ION				П	10d. INSIDE CITY LIMITS?
	naryrand				Balti	lmore					1 X YES 2 NO
₹	10e. STREET AND NUMBER				10f.	ZIP CODE	5	10g. CITIZEN OF WHAT COUN			
FUNERAL	4603 Renwick A					21206				J.S.A	
	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT ET FORCES? 1	YES 2 AN	MED O	It yes, spe	ENDENT OF NISPA	an, Puarto R	(Specify Yas lcan, etc.)	or No—	14. RACE Black	— American Indian, , White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗌 YES	2 X NO Speci	ily:			Specia	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DEC	EDENT'S U	SUAL OCCUPATIO	IN st of working	16b.	KIND OF BUS	SINESS/IN	DUSTRY	-
	Elementary/Secondary (0-12)	College (1-4 or 5+)			rk done during mo: retired.)	a di tronding		0	7.7		
MP	N/A 17. FATNER'S NAME (First, Middle, Last)	N/A		Homen	laker	16. MOTHER'S N			n Hor	ne	
		inze				Marg		Heir Heir			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street a	nd Number or Rural				p Code)	
임	Elaine R. Meyer	(daughter)		4603	Renwick	Avenue	, Bal	timore	e, MI	212	06
	20a METNOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Ramon	val from Stata	cemetery cren	EAND DATE OF DISPOSITION (Name of page) DATE 20c. LOCATION — City or Town, State preparatory or other pigce)							
	4 Donation 5 Other (Specify)	NGEE (7)	Balt:	imore	Cemete			24 Bal	altimore, Maryland		
	Matthew &	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral 9705 Belair Rd.,							-		21236
	23. PART I. Enter the diseases, pr co	emplications that ca	used the dea	ith. Do no	t anter tha mo	de of dying, su	ch as cardi	ac or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Finel	ist Drily Ona Cause	on each lina.								intarval Batwaan Oneet and Deeth
	disease or condition e. Myocardial Infarction 1 week										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditione, But to (OR AS A CONSCOUENCE OF): Due to (OR AS A CONSCOUENCE OF):										
S	cause. Enter UNDERLYING Ischemic Necrotic bowel entrapped in femoral hernia 1 week										
	DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST										
5	d.										
	PART II. Other eignificant conditione Metabolic Acidosi		ath but not re	sulting in	the underlying	cauee givan in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	Metabolic Acidosi	S					_	1 TES 2			CDMPLETION OF CAUSE OF DEATH?
M											1 TES 2 NO
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN \$\frac{1}{25}\$. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHER:	5 🗆 Residenca	• □ Oth	(0			
Ě	27. MANNER OF DEATN	28a. DATE OF INJ (Month, Day,)	URY	28b. TIME	OF 26c, INJI	JRY AT	_	CRIBE NOW II	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	(MORII, Day, 1	var)	INJUI		RK? ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF IN building, atc.	JURY — At horr (Specify)	ne, tarm, atr	eat, tactory, office			TION (Street a Town, State)	ind Numbe	r or Rural R	oute Number,
COMPLETED	On CERTIFIED									/-	
MPL	(Check only										
	29b. SIGNATURE AND TITLE OF CERTIFIER	. Oil the best of exem	matton and/or in	ivealigation,	in my opinion, a			and place, an			and manner as stated.
出	Watter U.C	7000	10			29c. LICENSE NU	MBER	V	/29d, DAT	E SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	27) (Type, P	rint)	N/A				(17
		00 Frankl	in Squa	are D	rive Ba	ltimore	, MD 2	21237			
	SEP 2 3 1994	32. REGISTRAR'S									
	0L1 & 3 1994	Acir in	American								
	U		1	1							DHMH-16 Rev 1/89

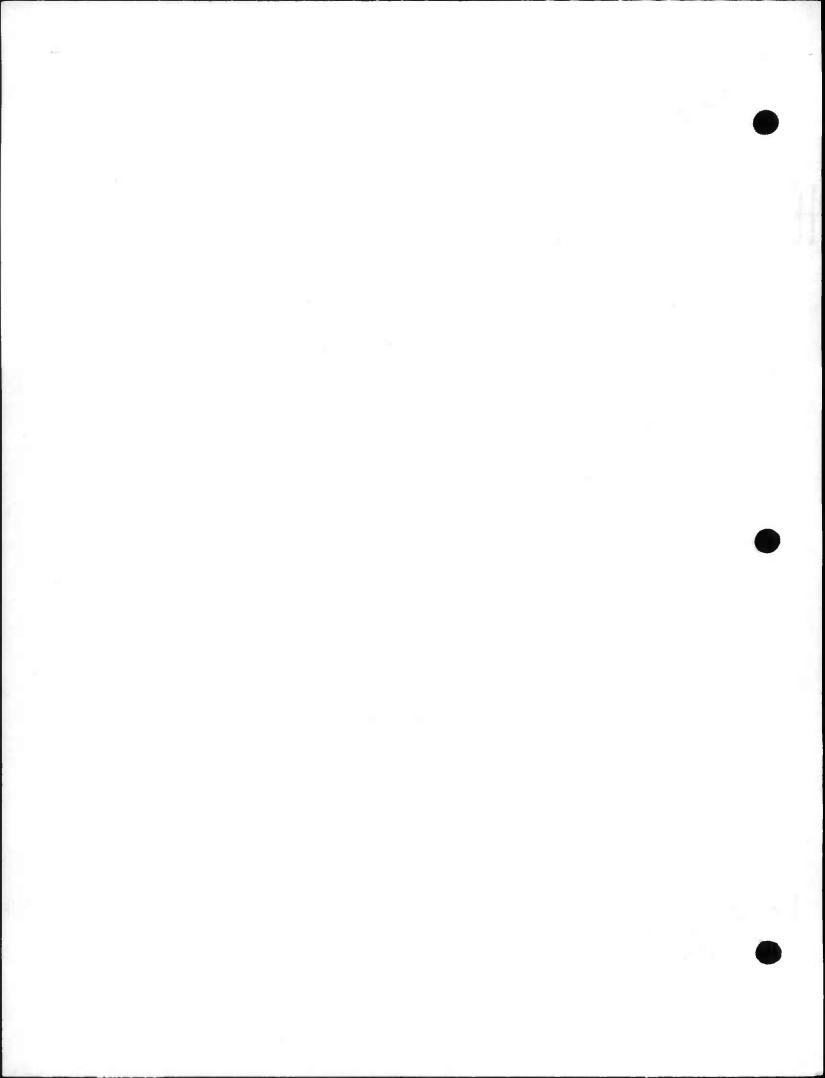
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the The Hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) JANE	DEAVER	_			2. DATE OF OEATH DA	v year 1994			
	4. SOCIAL SECURITY NUMBER 220-26-0677 90. FACILITY NAME (If not institution, give s	1□M2□ F 74	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-28-192	20	ITHPLACE (State or Foreign intry)		
CTOR	Chesapeake Manor					eath 9c. county of Death Anne Arundel				
FUNERAL DIRECTOR	Maryland Anne	Arundel	rundel Arnold			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
UNERA	305 College	12. WAS DECEDENT EVER IN) IIC ORIGIN? (Specify Yee	USA or No.— 14. RA	F WHAT COUNTRY?		
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	FORCES? 1 ☐ YES 2 NO If yes, specify Cuben, Mexican, Pur IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Pur 1 ☐ YES 2 NO Specify:					Sp	eck, White, etc. ecity: white		
COMPLETED	(Specify only highest grade		16a. DECEDENT'S L (Give kind of wo life. Do NOT use	ork done during mo		16b. KIND OF BUS	SINESS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
10	Arthur Drager 200. METHOD OF, OISPOSITION	- I an	1	nt Stree	t Baltim	ore Maryla	nd 2120			
Š	1 Burlet 2 Cremetion 3 Rem 4 Donetton 5 Other (Specify) 21. SIGNATURE OF ELINERAL/SERVICE (IIC	oval from State Geme	ptery, crematory or oth	er place) ATOMY 22. NAME AN	D ADDRESS OF FA	9/21 Bal				
_	Hilary L. St	allings Jr	the death. Do no	3111	Mountai	neral Home	dena Md	21122 Approximata		
	ahock, or haert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only orle cause on as	ch lina.		,			interval Between Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	y, leeding to immediate Le. Entar UNDERLYING SE (Diseese or injury Initiated events OUE TO (OR AS A CONSEQUENCE OF):								
AL.	PART II Other aignificant condition	a contributing to death be	nt not resulting in	the undariying	causa givan in	Part i. 24a. WAS AN PERFOR	MEO?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO		28. PL	ES NC					
BY PHYSI	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		8 Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination						e(e) end menner as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WH	1 Oline	leng D	octor Print		1684	▶ 9-	EO (Month, Day, Year) - 2 0 - 54		
	CN. CYRIAC.M.S	4 4 4	RAIN	wwy (SI CRN A	SYRNIE	102	(06/.		



DIVISION OF VITAL RECORDS, P.O. BOX 687601

attending physician.	se as the burial-transit permit. Pages		
SIGIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		aminer must be notified at once.
ertificate be executed with hours after de-	ing physician and completely filled in by the fu	giene prior to burial, cremation, or removal.	other traumatic event, the medical exa
PHYSICIAN: The law requires that the death c	this certificate has been signed by the attendi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If item 28 is ma

COMPLETED

5

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

94 28013 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH **AVERY** W. DARROW 1994 20 8:30A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Magrin, Day, Year) 914 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 80 New York 1 X M 2 - F 074-05-4174 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8575 Bay Road DIRECTOR Pasadena Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8575 Bay Road 21122 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? t YES 2 NO t Never Married 2 X Married 1 YES 2 X NO BY Specify: 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12 College (1-4 or 5+) Sales Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Α. Darrow Spinglar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth A. Darrow 8575 Bay Rd. Pasadena, Md. 21122 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☑ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, Stata Metro Crematory Inc. 4 Donation 5 Other (Specify) 9/23 Baltimore, Md. Stallings Funeral Home PA Hilary Stallings Jr 3111 Mountain Rd. Pasadena, Md. 21122 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory erreet, shock, or heart failure. List only one cause on each line. Approximata interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease pr condition___ resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST

PART (INOther significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Per AVAILABLE PRIOR TO COMPLETION OF CAUSE I T VES 2 TUBE OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IT WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Chack only OTHER: 1 VES 2 CHO ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28e, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 29c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hattural м YES T 2 Accident 25e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 | Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Reen, State) 6 Could not be

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

GLRNBYRNIZ

_	-					
29b.	H	The My CERTIFIER	Attending	Doctor	29c. LICENSE NUMBER D 2 16 8 4	29d. DATE SIGNED (Month, Day, Year) \$ -20 - 94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CN. CYRIAC. M.D CRAIN GWT 1600

4 Homicide

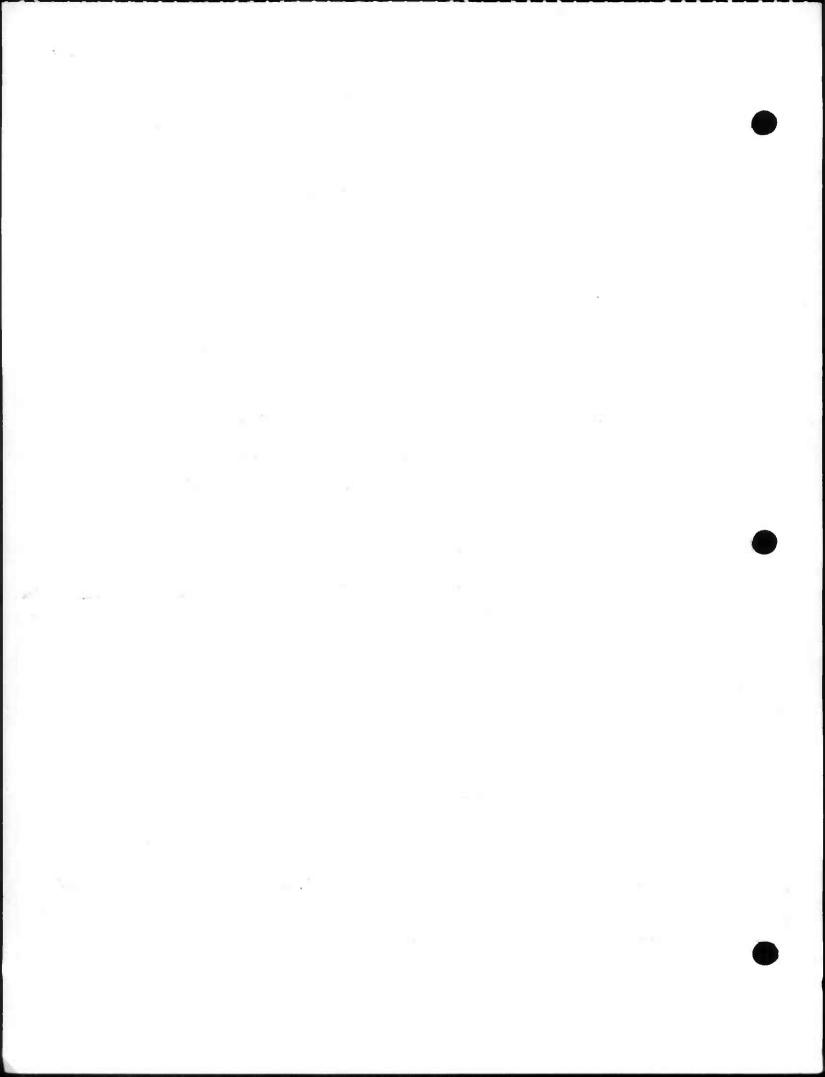
32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with horse after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with	iMPORTANT: if Item 28 is marked,	

	1 - FOR STATE OF MAI	RYLAND / DEPART	MENT OF HEA	LTH AND MEI	NTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) Susan Stephanie Eufemi			2.	DATE OF DEATH DA	*94 *	3. TIME OF DEATH 2:40 P. M				
	4. SOCIAL SECURITY NUMBER 213 18 1335 5. SEX 1 □ M 2 ☒ F	AGE (In yrs. last birthday)		UNDER 24 HRS. 7, 1	DATE OF BIRTH (Month, Day, Year) 12 26 2:	8.	BIRTHPLACE (State or Foreign Country)				
TOR	9a. FACILITY NAME (If not institution, give street and number) 2815 Bay Drive RESIDENCE OF DECEDENT	\$	ь. сіту, тоwn оп ц Edgemer			9c. COUNTY OF DEATH Baltimore					
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION Baltimor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 344 Hornel Street		101. ZII	1224		10g. CITIZEN OF WHAT COUNTRY? USA					
BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, specify	PENT OF HISPANIC OF Cuben, Mexicen, Pu NO Specify:	RIGIN? (Specify Yes erto Rican, etc.)	es or No.— 14. RACE — American Indian, Black, White, etc. Specify: White					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondery (0-12) College (1-4 or 5 +)	life. Do NOT use i	rk done during most of	-	Balto.C						
	17. FATHER'S NAME (First, Middle, Last) Nunzio Metallo		18	Mary Mary		Surname)					
10	19a. INFORMANT'S NAME (Type/Print) Sam Eufemia										
	20e. METHOD OF DISPOSITION 1 Startel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Oak Lawn Cemetery 9-24-94 Eastwood, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md.										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart feliura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or AM & CONSEQUENCE OF):										
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d										
MEDICAL (PART ii. Other algnificant conditions contributing to dea	I. 24a. WAS AN PERFOR	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?								
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
PHYSICIAN:		EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence									
ВУ РН	1 Netural 5 Pending (Month, Day, Y	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF SC. INJURY AT WORK? M 1 YES 2 NO				28d. OEŞCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, fectory, office City or Town, State) 28e. PLACE OF INJURY — At home, tarm, street, fectory, office City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the best of examiners.										
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	hul:	29c. LICENSE NUMBER				29d. DATE SIGNED (Morgh, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O		rint)	•		1	····				
	31. DASEP 23 1994 A 32. REGISTRAR'S	SIGNATURE									

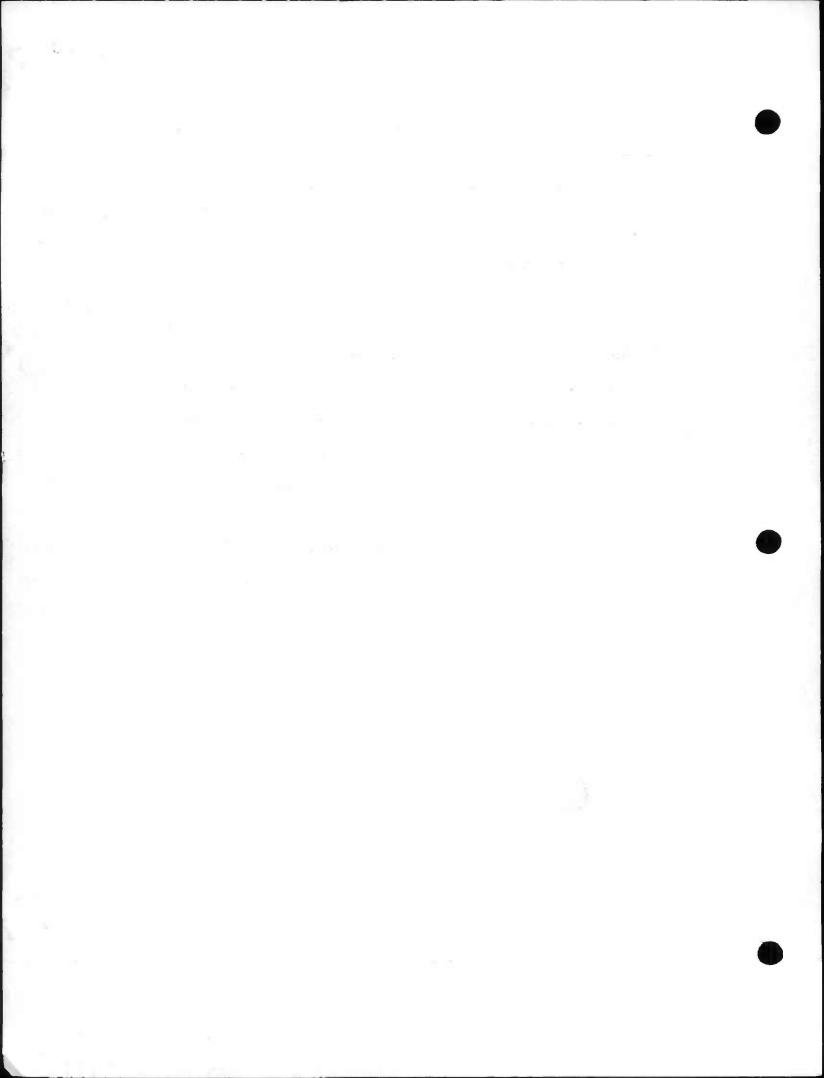


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- VII AL RECORDS, P.O. BOX 68760	law requires that the death certificate be executed with
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DIVISION OF	
_	TAL DR ATTENDING PHYSICIAN: The 1

CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2 DATE OF DEATH 52. 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign ith, Day, Year)
y 11,1925 218-18-9563 1 X M 2 - F 69 Balto. Md. YAS. July. permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not Institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Westminster Nursing Center Westminster Carroll RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Carroll Westminster 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? as the bunal-transit 2114 Walsh Drive 21157 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married It yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: BΥ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY detached for use (Spe Elementary/Secondery (0-12) College (1-4 or 5+) High School Contractor Foreman once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William L. Ensor notified at BE Mary E. Snyder page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Lois J. Ensor 2114 Walsh Drive Westminster, Md. 21157 20e. METHOD OF DISPOSITION
15 Burlel 2 Cremation 3 Removal from State
4 Donatton 5 Debay County pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, Garrison Forest Va. Cemetery Donation 5 Other (Specify) 2115 Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road < Climan Eline Funeral Home Reisterstown, Md. 21136 filled in by the traumatic event, the medical 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart failure. List pniv one cause on each line intarvai Between cremation, or Onset and Death MMEDIATE CAUSE (Final disease or condition resulting in death) and completely fit burial, cremation CERTIFICATION Sequentially list conditions. 10 if eny, laading to immediate prior cause. Enter UNDERLYING CAUSE (Diseese or injury or other the attending pl thet initiated events resulting in death) LAST injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS by and AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? shows any signed 1 Health a 1 TYES 2 T NO 1 YES 2 NO t of h PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h item HOSPITAL: OTHER 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 10 27. MANNED OF DEATH 28e. DATE OF INJURY 28 is marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 1 Natural 1 YES 2 NO ВҰ After 2 Accident Investigation Suicide 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: J 4 Homicide TO THE HOSPITAL DR ATT
TO THE FUNERAL DIRECT
De filed within 72 hours at
IMPORTANT: If Ifem 2 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner ee stated. 296. SIGNATURE AND TITLE O 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2 MD SEP 2 3 1994



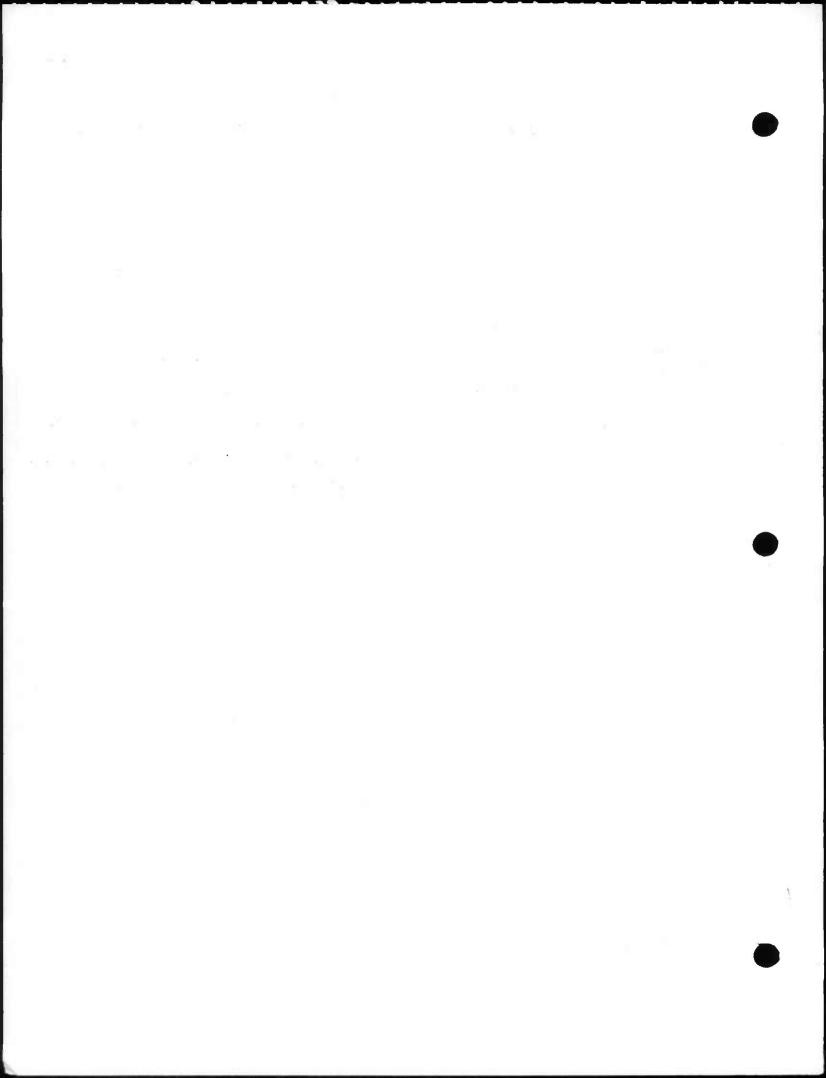
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.
ertificate has been signed by the attending physician and completely
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MA	RYLAN			OF HEALTH AN		ITAL HYGIEN	E			
1. DECEDENT'S NAME (First, I	Middle, Last)						2.1	DATE OF DEATH			TIME OF DEA	тн
			mi 1	Engelmeyer				09 20 1994			1:50	P. M
				yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH 6. BIRTHPL (Month, Day, Year) Country)				oreign
216 12 267 98. FACILITY NAME (# not inst		1 M 2 XF	79	YRS.				Month, Day, Year) 08/23/19:				
506 Dogwo						own on Location of Burnie	OF DEATH		9c. COUNTY Anne	_	_	ĺ
RESIDENCE OF DECI					0101	Darnie				111.0	iluci	
	10b. COUNTY				Y, TOWN OR					10	d. INSIDE CIT	Υ
Maryland	Ann	e Arundel		G.	len Bu						YES 2 X	NO
506 Dogwood	od Dri	.ve				101. ZIP CODE 2106	1			N OF WHA S.A.	T COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S	S. ARMED	13. W	S DECENDENT OF H	ISPANIC O	RIGIN? (Specify Yea	or No — 14		American Ind	len,
1 Never Married 2 h		FORCES? 1 [IF YES, GIVE WA!				es, specify Cuban, M YES 2 X NO S		arto Rican, atc.)		C	Title 2 4	
	DENT'S EDUC	NATION/	1.0								White	
(Specify only	highest grade	completed)	164	 DECEDENT'S (Give kind of life, Do NOT u. 	work done du	UPATION ing most of working		16b. KIND OF BUS	SINESS/INDUS	TRY		
7th Grade	12)	College (1-4 or 5+)		Housev	vife			Home N	Maker			- 1
17. FATHER'S NAME (First, Mid	idle, Last)					18. MOTHER	'S NAME (F	irst, Middle, Maiden	Sumame)			
	J	ames Ga	uss			1	Emma	Reinhai	rdt			
19a. INFORMANT'S NAME (Typ.	- '					Street and Number or F					3 010	.,
Gail Reyno			_			d Drive	-	en Burni				21
20s. METHOD OF DISPOSITIO	3 🗆 Ramo	oval from State	cemeter	ACE AND DATE y, crematory or o	ther place)		1		CATION — City			
4 ☐ Donation 5 ☐ Other (S		ENSEE	1 GTE	en Have		orial Pai		0/24 Gle	en Bur	nie,	Maryı	and
1 5 - 6		PX.	200-	11)		orge J. G						.
23. PART i. Enter the dis	eeses, or c	omplications that	eused th	e deeth. Do		01 Ritchi					21225	
shock, or her	art fallure. L	ist only one ceuse	on eech	line.				A I I CHILLIAN	,	,	Interval E	Between
disease or condition resulting in deeth)	 •	RE	810	CATO	NY	FAIL	UR	12				
resulting in destil)		DUE TO (O	R AS A CO	NSEQUENCE O	F):		<u> </u>					
Sequentielly ilst condition	ons.			12 Ev								
if any, leeding to immedicause. Enter UNDERLYIN	late	DUE TO (C	FI AS A CO	NSEOUENCE O	F):							
CAUSE (Diseese or injury that initiated events		DUE TO (O	R AS A CO	NSEQUENCE O	F):							
resulting in deeth) LAST											-	
PART II Other elgolitices	t nonditions	a acatalbutha to d	andh han							_		
PART II. Other eignifican	Conditions	COMP	ath but r	(ina)	in the und	AC TO 10 A	n in Part	i. 24a. WAS AN PERFOR		AVI	RE AUTOPSY I	10
				210.0	7.0	10,10,00		1 TYES 2	ET NO		MPLETION OF DEATH?	CAUSE
DID TOBACCO US	E CONTR	DIDLITE TO CALL	SE OE I	SEATU VI	EC 🗆 NI	2 III III	TAINI-E			1 [YES 2	NO
25. WAS CASE REFERRED TO		ABOIL TO CAU		PLACE OF DEA			IAIN 2]		L		-
EXAMINER?		HOSPITAL:			OTHER:	g Home 50 Heside	nce 6 🗆	Other /Specify)				
27. MANNER OF DEATH		25e. DATE OF IN (Month, Day,		26b. TIM		Sc. INJURY AT		DESCRIBE HOW H	NJURY OCCUR	ED		-
1 Natural 5 P	ending veatigation	(month, bu),	rour)			WORK?	0					
3 Suicide 6 C	ould not be	28e. PLACE OF building, et	NJURY — / (Specify)	At home, farm,	street, factor	, office	26f.	LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,	\neg
	itermiped											
anal .		CIAN: To the best of m									1_5:59500	
			mriatron arr		on, in my opii			data and place, en				
996. SIGNATURE AND TITLE O	dro.	Alse	de	P		29c. LICENSE	NUMBER	26	29d. DATE SI	IGNED (Mo	onth, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH	(ITEM 27) (Type	. Print)	100	-1/	/ 10	- ()	4/	74	\longrightarrow
SURIA N	WN	MAMI	2	103 E	PE	TAPLO	20 6	W CA	17. N	m .	212	1
SEP 23 1994	1 9	32. REGISTRAR	SIGNATU	RE								



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the search with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OF ATENDING PHYSICIAN: The law requires that the death certificate be executed with:	Publication After this certificate has been signed by the attending physician and completely filled in by the fi	ten as is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSE TO THE RIGHE De Sted WITTA

Item#30 Pef F.H. Film# G-715 09/23/94 R.M.

1 - STATE STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.				
	1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH										
	Richard Charle	nnblade				Sept 21, 1994					
	4. SOCIAL SECURITY NUMBER 5. SEX			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign		
	064-22-3405 1[XM 2			NTHS DAYS	HOURS MIN.	(Month, Day, Yea	r)	Counti	(y)		
	9a. FACILITY NAME (If not Institution, give street and nun			OUTY TOWN	201001701101	Feb 16,			lew York		
œ		iber)	9		OR LOCATION OF D	EATH		NTY OF D			
<u>ō</u>	74 Northwood Drive			Timo	nium		E	alti	more		
S S	10s. STATE 10b, COUNTY		10c CITY 1	OWN OR LOCA	TION				10d. INSIDE CITY		
E	Maryland Baltimor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Timo					LIMITS?			
5	10e. STREET AND NUMBER						1 YES 2 X NO				
BY FUNERAL DIRECTOR				IOF. ZIP CODE			10g. CIT		WHAT COUNTRY?		
빌	74 Northwood Drive			21093				USA			
3	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS O	ECEDENT EVER IN	U.S. ARMED	13. WAS OF	CENDENT OF HISPA	NIC ORIGIN? (Specifing, Puerto Rican, atc	Yea or No-	14. RACE Black	E — American Indian, k, White, alc.		
∑		GIVE WAR OR DA			S 2 X NO Specif		,	Speci	ity:		
				<u> </u>					White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(Give kind of work	done during m	ON ost of working	16b. KIND OF	BUSINESS/IN	DUSTRY			
		I-4 or 5+)	life. Do NOT use n	etired.)							
Σ	12		Emergency	Contr	ol Operat	101	ASA				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma					
BE	Charles Beech	Fir	nnblade		Grace	e O'Gr	eta	Page			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zij	Code)			
임	Catherine Lyle Finnbl	ade	74 No:	thwoo	d Dr.	Cimonium,	MD 2	1093			
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 【A Cremation 3 ☐ Ramoval from S	20ь.	PLACE AND DATE OF			DATE 200	LOCATION -				
	1 ☐ Buriel 2 【 Cremation 3 ☐ Removal from S 4 ☐ Donellon 5 ☐ Other (Specify)	tala cama	stery, crematory or other	nlaca)		23					
	4 Donellon 5 Other (Specify) Metro Crematory Sept Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY										
	Bryan W. Cla		Lemmon-Mitchell-Wiedefeld Inc.								
	Bryan W. Clary					a Road,					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.										
J	IMMEDIATE CAUSE (Final	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death									
	diseese or condition	Chroni	1 Pom	, O h	2000				4040		
	disease or condition resulting in deeth) Due to (or as a consequence of):										
		N and	1000 -								
8 0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
₽ I	if any, leading to immediate cause. Enter UNDERLYING	11.0	O. O. O.								
CERTIFICATION	CAUSE (Diseese or Injury C.	DUE TO (OR AS A	CONSEQUENCE OF):								
	that initieted events resulting in deeth) LAST	DOL TO (OH AB A	CONSECUENCE OF):								
	d										
- 11	PART II. Other significent conditions contribute	ting to deeth bu	It not resulting in	he underiyir	g cause given in	Part i. 24e. WA	AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS		
DICAL				, , , , , , , , , , , , , , , , , , , ,			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 _ YE	S 2 NO		DF DEATH?		
M	212 702 1020 1121 201 1121								1 TYES 2 NO		
ŽΙ	DID TOBACCO USE CONTRIBUTE T					N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT		8. PLACE OF DEATH	Check only one,)						
ıs I		ent 2 ER/Oulps	itlent 3 DOA 4	Nursing Hor	ne 5 XResidenca	6 Other (Specify)					
F		Month, Day, Year)	28b. TIME C		JURY AT	28d. DESCRIBE H	W INJURY OC	CURED			
BY	I X Natural 5 Pending 2 Accident Investigation		111001		YES 2 NO						
	3 Suicide 26a. P	LACE OF INJURY	At homa, Jerm, atre	al, lactory, offic	in .	281. LOCATION (St	eet and Number	or Rural F	Route Number,		
	4 Homicide determined	wilding, aic. (Specia	īy)			City or Town, S	tate)				
Ш	29a. CERTIFIER					<u></u>					
<u> </u>	(Check only 1 X CERTIFYING PHYSICIAN: To the										
COMPLE	2 MEDICAL EXAMINER: On the ba	isis of axamination	end/or investigation, i	n my opinion,	death occured at the	time, date and place	, and due to It	e ceuse(s	i) end manner es stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Pa	M	7	29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)		
2	Mark	un	• •		0340	501	▶ S	ept :	22, 1994		
- ∥	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	nt)	11171	,					
	Mark Lamos, M.D. 3340	6 Paper	Mill Road	PHOL	ENIX renix, Ma	rvland	21131				
				, - 1107		- J - unitu					
	31. DATE FILED (Month, Day, Year) 32. Re	GISTRAR'S SI	TUPE								
	31. DATE FILED (Month, Dey, Year) SEP 23 1984	GISTRAR'S SIGNA	dell,								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found the first of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO				
i	1. DECEDENT'S NAME (First, Middle, Last)						OF OEATH	-		3. TIME OF DEATH	
Ė	JOHN	A FEDOR				Sep 17 1994				8:30 pm 4	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	349-01-2256	1 🕦 M 2 🗆 F	87 YRS.	MONTHS DAYS	HOURS MIN.	(Monti	h, Day, Year)	06	Countr	266	
	9a. FACILITY NAME (If not Institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH			JNTY OF D		
DIRECTOR	Saint Joseph Hospital Towson, Maryland Baltin									imore	
	10a. STATE 10b. COUNT	Υ	10c. Ci	TY, TOWN OR LOCA	TION					10d. INSIDE CITY	
5	mD. RI	OLTIMO	RE C	ochey	SVILLE				- 1	LIMITS?	
	10s. STREET AND NUMBER 10f. ZIP CODE 10s. CITIZEN OF WHAT										
FUNERAL	200 HEDINGTON COURT 21093								U.S.A.		
à ∏	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVES IN U.S. ARMED SES 2 NO MAR OR DATES	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexica 2 10 Special	an, Puarto I		s or No—	Specif	— American Indian, White, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18a. DECEDENT'S	USUAL OCCUPATION	ON	18b.	KIND OF BU	SINESS/IN			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Ille. Do NOT u	ise retired.)			-				
Ę L			PR	INTER		1.4	PRIA	JT1	16	COMPANY	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Middle, Meiden	Sumame)			
пΠ	unknow	N			in	KN	own				
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street of	nd Number or Rural	Route Numb	ber, City or Tow	n, State, Zi	ip Code)	·	
일	LORETTA FRE	IMILLER	870	2 RICE	MONE	SAU	E B	AUT	0. m	D. 21234	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (No	ime of	DATI		CATION -	City or To	wn, Stata	
	1 Burial 2 Cremation 3 Rem 4 Oonation 5 Other (Specify)	ioval from Stata	moe Lav	D Mam	PORK.	919	AU PA	RK	MUG	E, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Eugene & lastro & EVANS FUNCESC CHAPER 8800 HARFORD ND. BAUTO ND 21234										
-		complications the	coursed the death Do	880	O HARI	FOR	o no	3.13/	1010		
- 11	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardled or respiratory errect, ehock, or heart fellure. Liet only one cause on each line. Approximate interval Between Onset and Death Onset and Death										
	iMMEDIATE CAUSE (Finel disease or condition										
	resulting in deeth) a. LEFT LOWER LOBE PNEUMONIA OUE TO (OR AS A CONSCOUENCE OF):										
_											
	Sequentially list conditions, PANCHEATIC CARCINOMA										
٨ ا	If any, leading to immediate										
	CAUSE (Disease or Injury thet initiated events OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
	4 RECURRENT CHOLANGITIS										
3										WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
5 11							1 TES 2	NO.	- 1	COMPLETION OF CAUSE OF DEATH?	
ME ME									1 - YES 2 - NO		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		TH (Check only one) OTHER:							
PH TSICIAN:	1 TYES 2 NOT		ER/Outpetient 3 DOA		e 5 🗌 Residence						
	1 Mitural 5 Pending	28a. DATE OF (Month, Da		JURY WO	RK?	28d. DE\$	CRIBE HOW I	NJURY OC	CURED		
5	2 Accidant Investigation				rES 2 NO						
	3 Suicide 8 Could not be detarmined	28a, PLACE O building,	F INJURY — At home, ferm, etc. (Specify)	atreet, factory, offic			ATION (Street or Town, State)		r or Rural R	oute Number,	
: ا ك	29e. CERTIFIER	ICIAN: To the best of		Www.ee-blu			v				
JMPL			my knowledge, death occurr camination and/or investigation							end manner es stated.	
3	29b. SIGNATURE AND TITLE OF CERTIFIE		0 4	1							
		SNATURE AND TITLE OF CERTIFIER (1) Deg (1) 29c. LICENSE NUMBER 29d. DATE SIGN							SIGNED	7 GL	
2 -	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									† · 7 <i>T</i>	
	LILIA CEBALLO ,M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204										
L	11. DATE FILED (Month, Day, Your) SEP 23 1994	M.D., 7620	YORK HOAD	TOWSON	I, MARYLA	ND 21	204				

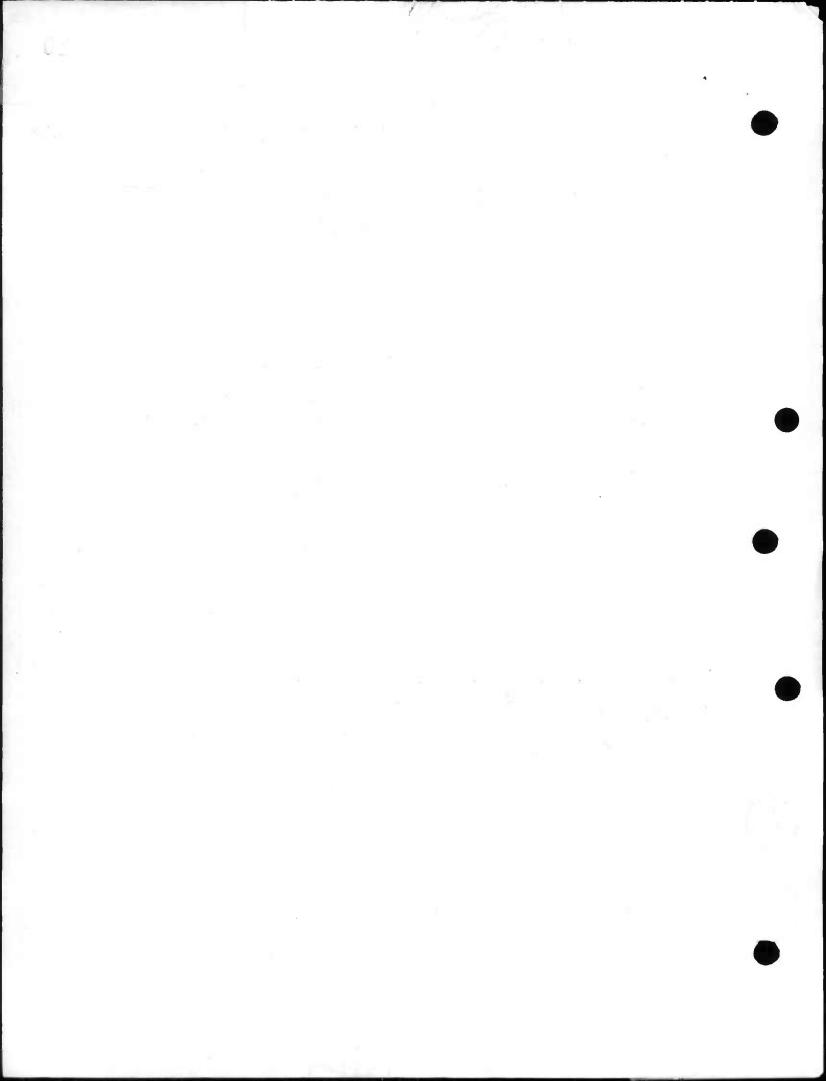
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IO BE COMPLETED BY TONERAL DIRECTOR	
TO RE COMPLETED BY ELINEDAL DIBECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
The law requires that the death certificate be executed within Z-4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME				HYGIENE REG. NO.			
	204-16-7867	MM20F 71		Q G C	IF UNDER 24 HRS, HOURS MIN.	2. DATE OF MONTH	BIRTH Day, Year)	90	BIRTHPLAC Country)	ME OF DEATH 2 1 2 A M E (State or Foreign
DIRECTOR	99. FACILITY NAME (If not institution, give street GISTON RESIDENCE OF DECEDENT	eneral Hi	osp.	Fal	R LOCATION OF DI	EATH		oc. COUNTY		ord
	10e. STATE 10b. COUNTY Md. HAR 10e. STREET AND NUMBER	FORD	Be	Air					1 🗆	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	610 MAPLE	VIEW D	RIVE		ZIP CODE 2 \ 0 \ 4	1		US	A	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	□NO	If yes, spe	celly Cuban, Maxica 2 NO Specif	an, Puarto Ric		14.	Black, Whi Specify:	merican Indian, ta, atc.
COMPLETED	15. OECEDENT'S EOUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON 16a	DECEOENT'S USUA (Give kind of work of life. Do NOT use retin	one during mo ed.)	N st of working		R FO			Hooks
O.	17. FATHER'S NAME (First, Middle, Last)			-11	18. MOTHER'S NA					1100113
BE C	James E.	Gallagh	ner		ME	RY	WE	BB	•	
TO E	19a. INFORMANT'S NAME (Type/Print) RICHARD J. GO	Magher	19b. MAILING A00F	NESS (Street a						1014
	20a. METHOO OF DISPOSITION 1 Burlal 2 Cremation 3 Ramoval 4 Oonation 5 Other (Specify)	from State cornetery	CEAND DATE OF DIS r, crematory or other pla AIR Mei	MOYIA	Gardens	9 has	20c. LOCA Bel	AIR.	or Town, S	tata
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Grovesh		BEIAI	D ADORESS OF FA R MEMO W PORT	DRIAL (Fores	or HIL	L, Ma	21050
	23. PART I. Enter the diseases, or com shock, or heert failure. List IMMEDIATE CAUSE (Final	only one ceuse on eech	line.				c or reapira	tory arrest	,	Approximate Interval Between Onset and Death
	diseese or condition resulting in death) a	DUE TO (OR AS A CO)				กัว				
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	NSEQUENCE OF):	eno	6					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM	NSEQUENCE OF):							
MEDICAL C	PART II. Other significant conditions of Ron a	ontributing to death but n		underiying	, ceuse given in		48. WAS AN AL PERFORMI	EO?	AVAII	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
Σ.	DID TOBACCO USE CO	NTRIBUTE TO CA	USE OF DE	ATH Y	ES NO				1 🗆	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch					
Sic	1 VES 2 NO	OSPITAL: Inpatiant 2 - ER/Oulpatian		HER: Nursing Hom	5 - Rasidence	8 🗆 Other (S	Specify)			
H H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	JRY AT RK?	28d. OESCF	LINI WOH 3815	URY OCCUR	ED	
B	2 Accident Investigation	25- BLACE OF WHITE			ES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — A building, atc. (Specify)				City or	ION (Street and Town, State)		Rural Route i	Number,
COMPLETE		N: To the best of my knowledge on the basis of examination and							nuse(s) and	manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ann is			29c. LICENSE NUI			9d. DATE SI		
F	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print) 2 112	Be	lain.	Road	Fa	lls to	n, m	0 21047
	31. DATSEP 2 3 1994	132. REGISTRAR'S SIGNATUR	RE data							

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPICE OR ATTEMANG PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNEHAL THE CONTROL AFTER THIS CERTIFICATE HAS BEEN SIGNED by the attending physician and completely file	* The work 72 hours that death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

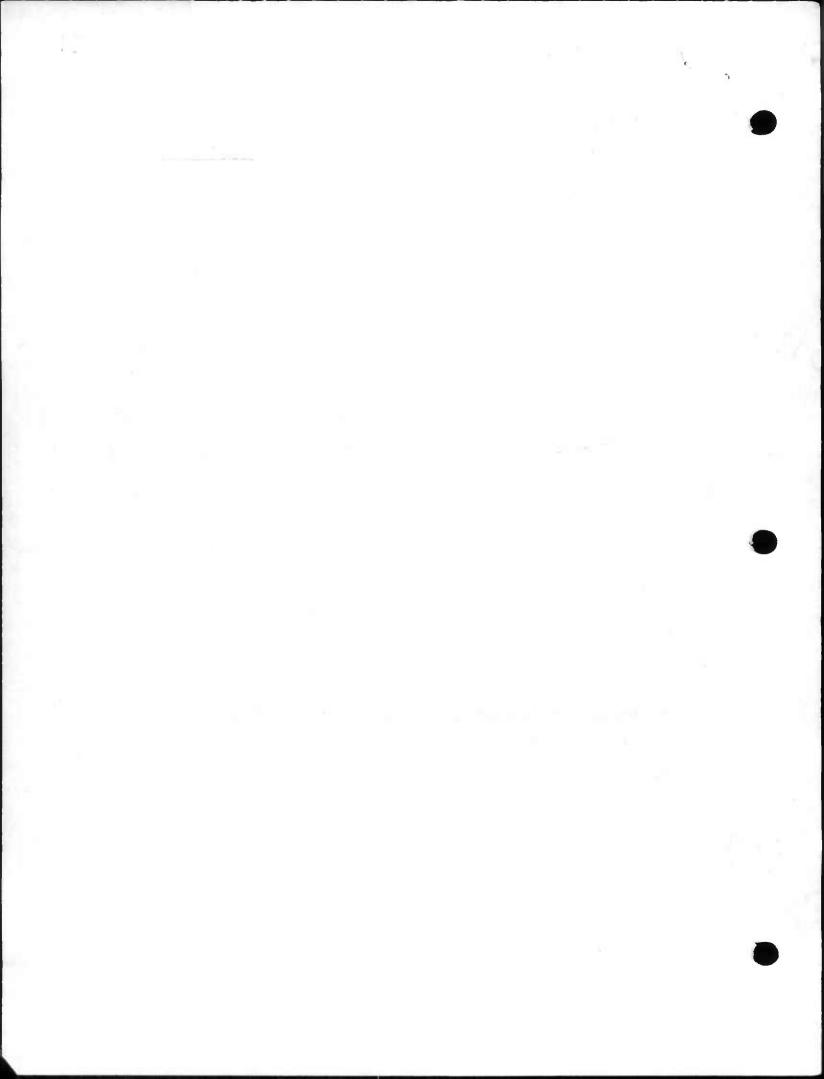
•	1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		0		1	2. DATE OF OEATH MONTH DA	- v	3. TIME	E OF DEATH
	VOLORES G		GA	MERL	1de	09 2	199		15 AM
		1	rs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign
	-10 -0 1001	■ M 2 🕡 🗜	82 YRS.	MONTHS DAYS	HOURS MIN.	2-1-1912			DLAND
~	9a. FACILITY NAME (If not institution, give street a				R LOCATION OF DE		9c. COUNTY	OF DEATH	
DIRECTOR	Northwest Hospital	'Center		Kondall	steen 1	rd.	Baltim	ore Coun	itv
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d, IN:	SIDE CITY
H	MD			BALTIMO	RE				MITS?
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEI	N OF WHAT CO	
FUNERAL	2704 JEREMY COURT,	APT. C			21209		τ	JSA	
2	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea		. RACE — Ame	rican Indian,
ВУ Б		FORCES? 1 YES :			city Cuban, Maxica 2 NO Specify	n, Puerto Rican, etc.)		Black, White, Specify: Tal	MITE
				1	**				111111
TE	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		Give kind of a life. Do NOT us	vork done during mos	IN st of working	16b. KIND OF BUS	INESS/INDUS	TRY	
2	Elementery/Secondary (0-12) Co	bilege (1-4 or 5+)		MANAGER		WHOLES	ALE DR	Y GOOD	20
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, Maiden			
	SAMUEL GILDEN					KEMICK	Surramey		
BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street as		Route Number, City or Town	n, State, Zip Co	ode)	
2	MR. BENJAMIN GAMERN	IAN				C, BALTIMOR		21209)
	20a. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Ramoval (OF DISPOSITION (Nat	me of	DATE 20c. LO	CATION City	y or Town, State	
	4 Donation 5 Other (Specify)		ry, crematory or o	ther place) ACHIM—ANS	SHE SFARI	D 9-22-94	BALTIM	IORE, M	ID
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	* 0		22 NAME AN	EVINSON	& BROS.,	INC.		
	NITTEN ON	dellura	en				BALTO.	, MD	21215
- 0	23. PART I. Enter the diseases, or comp	plicetions that ceused ti	he deeth. Do r	not anter the mod	de of dying, suci	h as cerdiec or respi	ratory arres	t, A	pproximete
	ahock, or haert failure. List								nterval Between Inset and Death
- !	diseese or condition resulting in death)	DUE TO (OR AS A CO	te AA	erest (Asus	ble)		/	Acuto
- 1		DUE TO (OR AS A CO	ONSEQUENCE OF	F): //	,				1
Z	Sequentielly list conditions, b.	A cufe DUE TO (OR AS A CO	Ceron	ay The	unbosi	1		2	his
Ĕ	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	DNSEQUENCE OF	F): /	10	UKCH1.	a:		-1:
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	10 seu or	es LE	UKEMI	7	د	day
CERTIFICATION	resulting in deeth) LAST	,		, 0				į	
	0								
Ϋ́	PART II. Other significent conditions co								SUTOPSY FINDINGS BLE PRIOR TO
ă	Anterior agrotic	Cardiova	TC U	scare	- IP CA	YES 2	□ NO	DF DEA	ETION OF CAUSE TH?
Σ	- P Cerellovas	alar acci	dent			_		1 🗆 YE	ES 2 NO
AR	25. WAS CASH REFERRED TO MEDICAL								
PHYSICIAN: MEDICA	EXAMINER? HO	OSPITAL:		OTHER:	ACE OF DEATH (Ch				
4	27. MANNER OF DEATH	Inpatient 2 ☐ ER/Outpatie	ent 3 L DOA 28b. TIM			6 Other (Specify) 28d. DESCRIBE HOW II	HILEN OCCUE	DED.	
	1 A Watural 5 Pending	(Month, Day, Year)		URY WO	RK?	284. DESCRIBE NOW II	NJORT OCCUP	TED	
В	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF INJURY —	At home, term,			28f, LOCATION (Street &	and Number or	Rural Route Nur	mber.
TED	4 Homicide determined	building, atc. (Specify)				City or Town, State)			
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowled	oa, death occurr	ad at the time, date	and place, and due	to the cause(s) and mar	Dor no stated		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On							euse(a) end ma	anner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER .				29c. LICENSE NUN			IGNED (Month,	
BE	H. Gerael OD to	=, m.D.			D-160	1911	19.	-21.9	4
임	10. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	1 (ITEM 27) (Type	. Print)	- , 00	./			
	H. Gerald Oste	2. MD. :	3635	Old Co	urt R	oad Pi	4550	1/2:	21208
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SIGNATU	JRE					-	
	JEP 20 1994	Java atawater	Mardall						



1 - FOR STATE REGISTRAR

	ļ	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5	- MOVVI	(In yrs. last birthday)	GO (lberg IF UNDER 2 HRS.	2. DATE OF DEATH MONTH DATE OF 7 / 2 1	94	1. TIME OF DEATH 5 PLACE (State or Foreign
pin		218-05-0847 1 9e. FACILITY NAME (If not Institution, give stree	M 2 🗆 F	80 YRS.	MONTHS DAYS		(Month)	Countr	RYLAND
1, 2, 3 should	стов	Siva of RESIDENCE OF DECEDENT	Bultime	nu	0.1	imore	AIR	Baltim	
Pages	DIRE	100. STATE 100. COUNTY BALTIMO	DRE	10c. CIT RE	Y, TOWN OR LOC ISTERSTY	ATION OWN			10d. INSIDE CITY LIMITS? X YES 2 NO
n. ansit permit.	FUNERAL	416 GWYNNWEST RD.			1	21136		USA USA	VHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1: 1	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexical ESX NO Specify			. — American Indian, c, White, etc.
D 2121 spital or atte ed for use a	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u SENIOR	work done during reservatives.)	TION most of working	16b. KIND OF BUS	BALTIMOF	RE
YLA by the be det	ш	17. FATHER'S NAME (First, Middle, Last) NATHAN GC	OLDBERG			18. MOTHER'S NA	ME (First, Middle, Maiden	SCHNE II	DER
be retained the 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) MRS . ROSE GOLDBER	RG				STERSTOWN,		5
may X, pa		20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)		DERTY P				CATION $-$ City of To $/22/94$	wn, state RANDALLSTOWN
death. funer		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE POIN	mes		AND ADDRESS OF FAMEVINSON & REISTERTO	BROS., IN	C. LTO., MD	MD 21215
th certificate be executed with cerding physician and completely filled if hygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	23. PART I. Enter the disease, or conehock, or heert feilure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	S S	m: Y En	node of dying, such		retory errest,	Approximate Interval Between Oneat end Death
KECOKON requires that the been signed by the t. of Health and M shows any inju	MEDICAL	PART II. Other eignificent conditions of					PERFOR	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL CIAN: The law prificate has he State Dep or item 23	rsician:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL: Unpatient 2 - ER/Outp	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Che			
NG PHYSIC fer this cer eath with th	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIA	JURY V	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW II	NJURY OCCURED	,
ATTENDIN ECTOR: Aft is after dea		3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	f — At home, larm, cify)	atreet, lectory, of	fice	261. LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,
Page 1	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CHECK (Check only one) 2 MEDICAL EXAMINER:) and manner ee stated.
6 6 d MPOHRA	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER R. C. C. O. C.				29c. LICENSE NUN 452402		29d. DATE SIGNED	
*	-	30. NAME AND ADDRESS OF PERSON WHO C	, 00	5	inai 6	f Bal	321 RC9803 Himore	09/	20/94
		SFP23/1904 Su	32. REGISTRAR'S SIGN		-				
_									DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



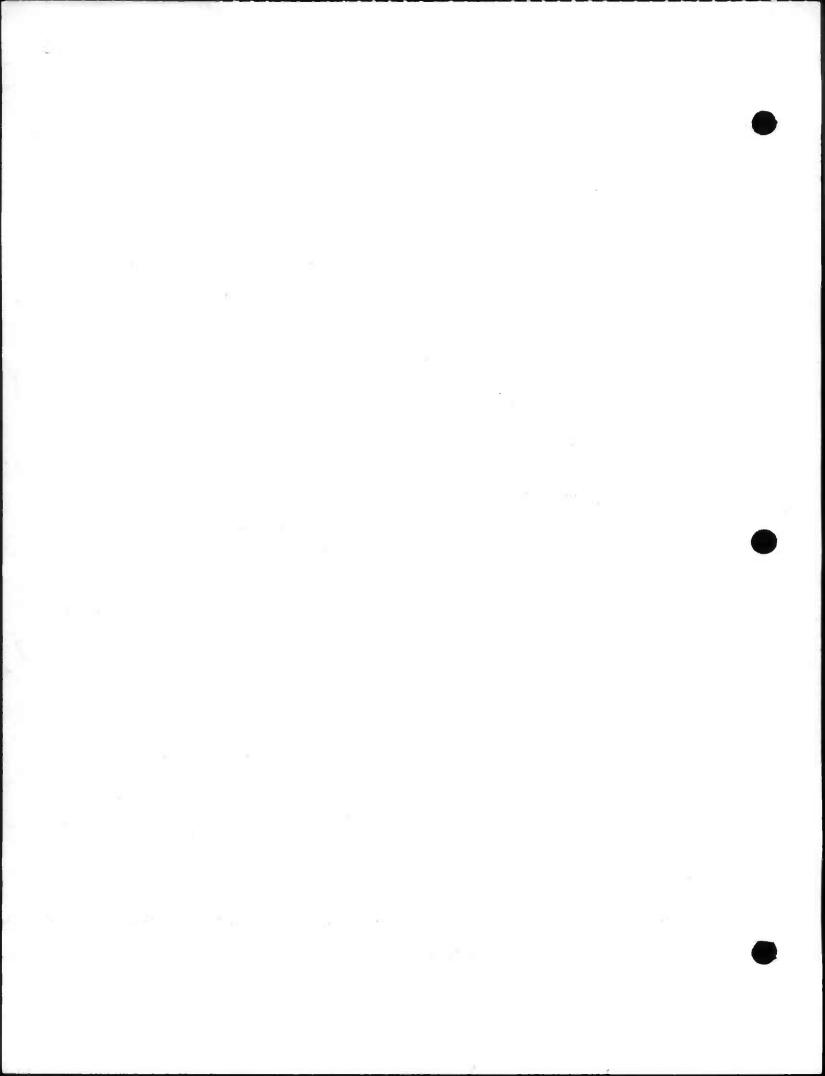
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) Irene Cecilia	Gor	~e_				2, 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 223-04-7276 9a. FACILITY NAME (If not institution, give si	1 🗆 M 2 📡 F	SE (In yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1904 V	BIRTHPLACE (State or Foreign Country) Vashington, D
TOR	Anne Arundel M		enter	Annapo	or Location of D	EATH	ac. county Anne	Arundel
DIRECTOR	10a. STATE 10b. COUNTY			y, town on Locat			-	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	128 Oakwood Ro	Arundle ad		101	21037		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR OF	ES 2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	s or No — 14.	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u HOMEMA		DN st of working	166. KIND OF BU		TRY
TO BE COM	8 17. FATHER'S NAME (First, Middle, Lest) George Bernard	l Wooldrid	ge		Ellen	AME (First, Middle, Meider Sartori	sumame) S Hopl	
2	Judith Morris					Aoute Number, City or Tow Edgewate		
	20a. METHOD OF DISPOSITION 1 57 Burial 2 Cremation 3 Ram 4 Donation, 5 Other (Specify)	oval from State	20b. PLACE AND DATE cemetery, cremetory or careful ingto	n Natio	nal Ce	m A	rlingt	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	AS POT	Me	Harde		neral Ho		.A. s, MD 21401
AL CERTIFICATION	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	AS A CONSEQUENCE O	Bot o	some	direct		_
MEDIC	PART II. Other aignificent condition	contributing to deat	h but not resulting	in the underlying	g ceuse given in	Pert I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (C	heck only one)		
BY PHYS	1 YES 2 189 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Propertient 2 ER/C	RY 285. T/A	NE OF 28c. INJ		6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED
TED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	street, fectory, offic		28t. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
O BE COMPLE	one) —	ICIAN: To the best of my k						ause(a) and manner as stated.
TO BE	29b. SIGNATORE AND TITLE OF CERTIFIE	Muse it	D		29c. LICENSE NU	1226	D 9	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF		RedApi	of Plaza	- Chesto	v, MD	21619
	SEP 23 1994	This Denien	-Rosere					95

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-716 10/17/94 t.t

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTIF	RTMENT	OF H	IEALTH ANI DEATH	MENT	AL HYGIEN				
		1. OECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH		EAR	3. TIME OF DE	ATH
		K.C.				Н	IUFF					5:28	P#
	l i	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS	41.4	TE OF BIRTH onth, Day, Year)	8.	BIRTHP Country)	LACE (State or I	Foreign
9		n/a	1 XM 2 F	36 YRS.		110	10000		12-9-57	7		d	
should	~	9e. FACILITY NAME (If not institution, give st					OR LOCATION OF			9c. COUNTY	OF DE		
2, 3	DIRECTOR	2716 BOONE ST.			BAL	.I. T.M.	ORE C	T.J. X		r	ı/a		
es 1,	2	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OI	R LOCAT	TION				T	lod, INSIDE CIT	·y
Pages	뜸	Md.	n/a	R:	alto.							LIMITS?	
permit.	A	10e. STREET AND NUMBER			1100	101	ZIP CODE			10g. CITIZEI	9	AT COUNTRY?	, 110
set	FUNERAL	2706 Matthews S	t.				21218			USA	A		
020 physician. bunial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED					GIN? (Specify Yes	or No- 14	RACE -	- American Inc	ilen,
000 ply	ВУ Б	1 Never Merried 2 Married 3 Wildowed 4 Olvorced	FORCES? 1 TYES				ecify Cuben, Mex 2 NO Spe		o Ricen, etc.)		Specify	White, etc.	
21215-0020 al or attending physic for use as the burial												ack	
or aft	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S	S USUAL OC work done di use retired.)	CUPATIO	ON st of working	1	6b. KIND OF BUS	SINESS/INDUS	TRY		
	2	Elementary/Secondery (0-12)	College (1-4 or 5+)	Laborer					Proctor	c Can	hl o		
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17, FATHER'S NAME (First, Middle, Last)		- Daborer			18 MOTHER'S		t, Middle, Maiden		w _T e		
Pe de	Ü	Lonnie	Huff, Sr.										
MAR retained 5 should notified	00	19e. INFORMANT'S NAME (Type/Print)	Hall/ DL		G ADDRESS	(Street a	Eula		Rosie		de)		
	2	Eula Huff							. , Md.		218		
		200. METHOD OF DISPOSITION		b. PLACE AND DATE	OF DISPOSI			D	ATE 20c. LO	CATION — City	_	n, State	
MOR age 6 ma director, p		1 Denation 5 Other (Specify)	Oval from State Ce	matary, crematory or Baltimor	other place) Cen	n.		9-21	Bal	to.,	Mđ.		
ALTIM death. Page funeral direct. L. examiner n		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				D ADDRESS OF	FACILITY					
		* Ululna	1 MA)	11	LO1	E. Nort	h Av	e. M	arch E	ън.	East	
DATE THE POUR THE POU		23. PART I. Enter the diseeses, or c	omplications that cause	ed the deeth. Do	not enter t	the mo	de of dylng, s	uch es co	erdiec or reepi	ratory arrest	,	Approxim	nate
		shock, or heert fellure. I IMMEDIATE CAUSE (Finei	List Only one couse on	eech line.								Interval I	
> = =		disease or condition	NO ANATOMIC	AND ROYTON	LOGIC	CALIS	E OF DEAT	ľН				180.11	
		resulting in deeth)		A CONSEQUENCE		CHUS	L OI DEN	11				1	
	Z	C	a										
× 1	5	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE (OF):								
Gate be physicial by prior er trail	S	CAUSE. Enter UNDERLYING CAUSE (Diseese or Injury										ļ	
certificate ding physi hygiene pri		thet initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE (PF):								
atten atten ntal h	CERTIFICATION	d	l									+	
그 음을 들	ا پ	PART II. Other significant conditions	contributing to deeth	but not reculting	In the unc	derlying	ceuse given	in Part i.	24a. WAS AN PERFOR			VERE AUTOPSY	
uires that the signed by Health and Juws any in	MEDICA								1 PES 2			WAILABLE PRIOR COMPLETION OF OF DEATH?	
W 0 C - 9 1	Ä								1			PES 2 [NO
		DID TOBACCO USE CONTR	BIBUTE TO CAUSE	OF DEATH Y	ES 🗆 N	10 🗆	UNCERTA	NIN 🗆				/	
I TAL V: The law cate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER								
or it	YSI	1 X YES 2 NO	1 Inpatient 2 I ER/Ou				e 5 🗆 Residend	:e 8 Xot	her (Specify)	VACAN'	ГН	OUSE	
ON STATE ON OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hi nours after death with the State D tem 28 is marked, or tem	표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)		UE OF	28c. INJI WO	RK? LINKNOW	28d. D	ESCRIBE HOW I	NJURY OCCUR	ED		
ON CO DING PHYS After this death with	B	2 Accident Investigation	UNKNOWN	9/15	/94 T				UNKNOWN				
TENDING TOPE After after death	6	3 Suicide 8 CCOuld not be 4 Homicide determined	28e, PLACE OF INJUR building, etc. (Sp.	өспу)				281, LC	ty or Town, State)	2716 BO	Aural Ro	ite Number,	
OR ATTEN DIRECTOR: hours after item 28 i		AG- OFFICIER		D: IN VACA				RALI	U. MU.				
보 그 그 등	P P		CIAN: To the best of my kno										
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: #	COMPLET	2/ AMEDICAL EXAMINER	R: On the beele of examinati	on end/or inveatigat	on, In my op	oinion, de	eath occured at t	the time, da	ite end plece, en	d due to the c	euse(s)	end menner ee	stated.
HE HE PORT	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1/1/1				29c. LICENSE N	UMBER				fonth, Day, Year	
E E B	0	an Harry Alia Control	Erah				O.C.M	.E.		SEP	Г 1	6,199	4
	- 1	30. NAME AND ADDRESS OF PERSON WHO				a :		D 3.		26	7	_ 3 01	201
	ı	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		enn	Sti	reet,	Ba⊥t	imore	, Mar	ута	na 21	70T
		SEP 2 3 1994	A SE	MAIUHE									



BALTIMORE, BOX 68760.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 21 YEAR 94 ELMIRA HAMIDULLAH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Mogth_Day, Xbay 8. BIRTHPLACE (State or Foreign 219-16-5704 Country)S.C. 1 🗌 M 2 🕮 F MONTHS DAYS HOURS MIN. T2225-07 86 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR HOSPITAL SINAI RESIDENCE OF DE BALTO 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTO YES 2 NO 10e. STREET AND NUMBER FUNERAL HOSPITAL HOLLY STREET 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A.21229 SINAI use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. **MARYLAND 21215-0020** 1 Never Married 2 Married Specify:BLACK B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe φ Elamentary/Secondary (0-12) College (1-4 or 5+) completely filled in by the funeral director, page 5 should be detached **4TH** NURSING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at VALIBERT ROBERTS JANIE REE MITCHELL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY THOMAS 3208 WESTMOUNT AVE BALTO, MD 21216 be 20s. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State DATE 20c. LOCATION — City or Town, State 92494 RANDALLSTOWN, MD 20b. PLACE AND DATE OF DISPOSITION (Name of Must Burial 2 Cremation J L
4 Donation 5 Other (Specify) COKINGO MEMORIAL PARK examiner 21. SIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ordan eller MARCH F/H-WEST 4300 WABASH AVE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart fellure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) executed within event, the attending physician and con Mental Hygiene prior to burial, MONIA traumatic CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): DISCITIS (POSSIBLE TB) if any, leading to immediate cause. Enter UNDERLYING ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury other P.0. that initiated eventa resulting in death) LAST 0 Injury, OF VITAL RECORDS, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

To Pum TB (2) Renal in Sufficiency MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO HUPOTHYROJDIS M 1 TYES 2 TO to DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: has b. Dept. YES ☐ NO ☐ UNCERTAIN ☐ 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 I Inpetient 2 - ER/Outpetient 3 - DOA 6 the 27. MANNER OF DEATH 28b. TIME OF INJURY this c 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v В Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 28 Item 8 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. FUNERAL I within 72 h HDSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CEIL VER 29d. DATE SIGNED (Month, Day, Year) BE Madhi > 9/2/Ay an 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Madhy JA, N MD SINAT HOSP. BALT. MD. 32 REGISTRAR'S S

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	//// E O1 1111	CE		ICATE			DIVIE	REG. NO.	_		
	1. DECEOENT'S NAME (First, Middle, Last)							2.	DATE OF DEATH			3. TIME OF DEATH
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		SEX (8. AGE (In yrs. last	birthday)	IF UNDER 1		F UNDER 24 HR	s. 7.	DATE OF BIRTH			PLACE (State or Foreign
	214-03-3420	□ M 2 💢 F	85	YRS.	MONTHS	DAYS H	OURS MIN		Month, Day, Year) 9-28-190)8		aryland
	9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY, T	OWN OR L	LOCATION O	F DEATH		9c. COU	NTY OF DI	
OR	6401 Loch Raven Bi	lvd. Ap	t. 238		Ba	ltim	ore C	ity				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			100 CIT	Y, TOWN OR	LOCATION	4					10.1 11.010.5 0171
E	Maryland											10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	-			altim		P COOE			100 CIT	IZEN OF W	1 X YES 2 NO
RA	6401 Loch Raven	Rlvd	Ant 23	Ω			21239				U.S.	
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Ë	Elementary/Secondary (0-12) Co	ollega (1-4 or 5 +)			maker							
M	17. FATHER'S NAME (First, Middle, Last)			HOME	illakei							
	Charles	M	1urphy			18	i. MOTHER'S	NAME (First, Middle, Maiden	Sumame)	C	annon
8	19a, INFORMANT'S NAME (Type/Print)			MAILING	ADORESS /	Street and I			Number, City or Town	o Chain 7in		4111011
2	Mrs. Vivian M. F	ort							Mount H			.J. 08060
	20a, METHOD OF DISPOSITION 1		20b. PLACE AN	ID DATE	OF DISPOSITI				OATE 20c. LOC			
	1 12 Surfat 2	from State	More land	atory or o.	her place)	ark C	emeter	v 9/				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE Mark	T. Zavo	yna			AOORESS OF					ryland 21214
	Mark T. Zar	oppor			l e	onar	d J.	Ruck				ord Rd.
	23. PART i. Enter the diseeses, or comp	plications that	caused the dea	th. Do r					-			Approximate
	ehock, or heart feilure. List	only one cause	e on eech line.									Interval Between
	disease or condition resulting in deeth)	ace	le M	10	Ra	edi	al (M	L'on	· n	-	leaves
	teaching in decity	DUE TO (C	R AS A CONSEOL	IENCE O	F): /2	7	7,	6	1		0	
Z	Sequentially list conditions, b.	a	Accio	50	Ker	se	-C	Cu	KUL	Su		- Maces
¥	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (C	OR AS A CONSEOL	JENCE O	F):			0	2 22			8
5	CAUSE (Disease or injury that initieted events	OUE TO (C	OR AS A CONSEOU	JENCE O	F):							
CERTIFICATION	resulting in death) LAST	•			,							
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DICAL	PART II. Other significent conditions co	ontributing to d	eath but not re	sulting	n the unde	erlying co	ause given	in Part	I. 24a. WAS AN A PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Mayante	0							1 - YES 2	□ NO		OF DEATH?
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PHYSICIAN:	DID TOBACCO USE CONTRIBUTED TO MEDICAL	UTE TO CAU					UNCERT	AIN []			
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	1 U YES 2 U MO 1 1 27. MANNER OF DEATH 1 Natural 5 Pending	28s. OATE OF IN (Month, Day,	JURY	28b. TIM	E OF 28 URY	Bc. INJURY WORK?	AT	-	I. DESCRIBE HOW IN	JURY OC	CUREO	
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D BY	1 YES 2 NO 1 27. MANNER OF TEATH 1 Action Investigation 3 Suicide 8 Could not be defermined	28s. OATE OF IN (Month, Day, 28s. PLACE OF building, st	IJURY Year) INJURY — At hom c. (Specify)	28b. TIM INJ	E OF URY 28 street, tectory	Bc. INJURY WORK? 1 YES	AT 2 NO	280	LOCATION (Street a: City or Town, State)	nd Number	r or Rural A	oute Number,
D BY	1 YES 2 NO 1 27. MANNER OF TEATH 1 Testural 5 Pending Investigation 3 Suicide 8 Could not be delermined 29s. CERTIFIER (Check only)	28s. OATE OF IN (Month, Day, 28e. PLACE OF building, at	IJURY Year) INJURY — At hom c. (Specify) y knowledge, deat	28b. TIM INJ a, term, s	E OF URY street, tectory	Bc. INJURY WORK? 1 YES	2 NO	28d 28t	LOCATION (Street a. City or Town, State)	nd Number	r or Rural R	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

3	1. DECEDENT'S NAME (First, Middle, Last) BERTHA — P	1 HER	YEY-	Bertha	Margaret	Hervey	2. DATE OF DI	DAY	947	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 ≈ 46 ≈ 3548 90. FACILITY NAME (If not institution, give s	5. SEX	6. AGE (In yrs. 82	lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		/1911	Mar	yland
HOL	Medbridge Nursi		r			SVILLE	EATH	Bo		nore
DIRECTOR	Maryland 10b. count			10c. CITY	Y, TOWN OR LOCA		ıdalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IEHAL	100. STREET AND NUMBER 6926 Sollers Poi	nt Road			10	I. ZIP CODE	21222			d States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specific	n, Puerto Rican,	ecify Yes or No— etc.)	14. RACI Black Speci	- American Indian, t, White, etc.
LE IED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		(Give kind of vi life. Do NOT us				OF BUSINESS/IND	USTRY	
T I	12th Grade	64		Home	maker	18. MOTHER'S NA		Own Home		
3	Emil R. Haroth						ME (First, Middle, S Krat:			
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a			ty or Town, State, Zip	Code)	
	Donna J. Samuels			2728	Moorga	te Road	Dundal	k, Maryli	and	21222
	21. SIGNATURE ON FUNERAL SERVICE LIC	complications the	at caused the	death. Do n	22. NAME AI Duda- 7922	Wise Aug	ciury reral He 2. Duni	ome of Di dalk, Ma	unda ryla	lk, Inc. nd 21222
	23. PART I. Enter the diseases, or ahock, or heart failure.	a. DUE TO	at coded the use on each i	death. Do nilne.	22. NAME AID Unda PORTO TO THE TOTAL PROPERTY OF THE TOTAL PROPERT	NO ADDRESS OF FA	curry neral Ho	ome of Di dalk, Ma	unda ryla	Lk, Inc. nd 21222 Approximate Interval Betw Onset and Di
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	a. DUE TO	at coded the use on each i	death. Do nilne.	22. NAME AID Undary 7922 not enter the modern formation of the modern formation of the underlying the underlyin	Ruck Fur Wise Aug de of dying, auc	Part I. 24a.	ome of Didalk, Ma	unda ryla	Lk, Inc. nd 21222 Approximate Interval Betw Onset and Di
AN. INCOLOR OF	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d. HOSPITAL:	of OR AS A CON	death. Do niline.	22. NAME AID Unda Programme AID	PRUCK FUN WISE AU Wise AU Go of dying, auc Go cause given in	Part I. 24a.	OME Of Didalk, Man or respiratory arm	unda ryla	Lk, Inc. nd 21222 Approximate Interval Betw Onset and Do were Autopsy Findh AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
THE SIGNAL MEDICAL OF	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	on as a con	death. Do niline. ISEOUENCE OF SEOUENCE OF TERMINING IN THE PROPERTY OF THE P	22. NAME AIDURANT TO PROVIDE THE PROVIDENCE OF T	Ruck Fur Wise Aug de of dying, auc	Part I. 24a. 1 ck only one)	OME Of Didalk, Man or respiratory arm	unda ryla eat,	Lk, Inc. nd 21222 Approximate Interval Betwoen and December and Dece
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, E) 28e. PLACE OF (Month, E)	of the course of the course on each is the course on each is the course of the course	death. Do niline. SEQUENCE OF SEQUENCE OF DESCRIPTION OF SEQUENCE	22. NAME AIDURANT TO PROVIDE THE PROVIDENCE OF T	g cause given in LACE OF DEATH (Ch. WHEN S Residence HURY AT PRES 2 NO	Part I. 24a. Part I. 24a. Other (Spe 2ad. DESCRIBI	WAS AN AUTOPSY PERFORMED? YES 2 NO	unda ryla eat,	Lk, Inc. nd 21222 Approximate Interval Betwoonset and Domest and
COMPLETED BY PRINCIPLY, MEDICAL CENTIFICATION	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO DUE TO	OF INJURY — At e.fc. (Specify)	death. Do niline. SEOUENCE OF	22. NAME AIDUIDAN TO PORT TO P	RUCK FUN WISE AU Wise AU Wise AU Gode of dying, auc Gode of bying, auc	Part I. 24a. Part I. 24a. 1 eck only one) 8 Other (Spe 28f. LOCATION City or Row to the cause(e) time, dete and p	OME Of Didalk, Mau or respiratory arm was an autopsy performed? YES 2 \(\text{NO} \) I (Street and Number in, State) end menner as state place, and due to the	24b	Lk, Inc. Nd 21222 Approximate Interval Betwoonset and Downset an

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 17. & 19b. PER F.H. FILM G-716 10/15/94 t.t

	_ 1	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT	OF H	EALTH AND I	MENTA	L HYGIENE REG. NO.	E		
	<u></u>	1. DECEDENT'S NAME (First, Middle, Last)	Harry Stew	urt Hig	ggins	, S	۲.	MONT	tember	20. i	3. TIME OF DE	ATN M
		4. SOCIAL SECURITY NUMBER 216-18-3050	1 X M 2 □ F 69	s. lest birthday) YRS,	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	08/	OF BIRTH h, Day, Year) 26/1925	5	BIRTHPLACE (State or Country) Maryland	Foreign
a	E .	98. FACILITY NAME (If not institution, give s 110 GOVETNOT'S RESIDENCE OF DECEDENT	,				BWINE	EATH			Arundel	
OIRECTOR		10a. STATE 10b. COUNT Maryland	Anne Arundel	10c, CIT	Y, TOWN O	R LOCAT		n Bw	rnie		10d. INSIDE CI LIMITS? 1 YES 2	
NEBAI	NEU AL	110 GOVERNOR'S	7				ZIP CODE 21			Un	n of what country	
RV FIIN		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW TT	□ NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 — YES 2 DX NO Specify: White							
ETEN		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION 16s	Give kind of life. Do NOT u	work done a	CUPATIO	on st of working	16t	. KIND OF BUS	INESS/INDUS		000
COMP!	-	6th Grade 17. FATNER'S NAME (First, Middle, Last)	WOLL TO UNIOCEUS	Truc	ck Dr	iver	18 MOTHER'S AVA	ME (First,	Middle Maiden		nion 557	Local
led at		HOLACE Higgins 19s. INFORMANT'S NAME (Type/Print)	HOLLIS HIGGINS	195 MAILING	ADDRESS	/Street a	Susie Susc nd Number or Rural I	an T	wrner	State 7:- O	a da b	
TO B	2	Raymond Higgins		4314	Cott	inat	ton Road	Ral			.uland 21:	024
must be		20a. METHOD OF DISPOSITION 1\(\tilde{\chi} \) BurlsI 2 \(\tilde{\chi} \) Cremation 3 \(\tilde{\chi} \) Ram 4 \(\tilde{\chi} \) Donation 5 \(\tilde{\chi} \) Other (Specify)	20b. PU cemeter DIII	ACE AND DATE	OF DISPOSE	TION /No	me of	DAT	E 20c LOC	ATION - CH	y or Town, State Maryla:	
examiner		21. SIGNATURE OF FUNERAC ULTIVICE LI	CENSEE		D 22.	uda=	ID ADDRESS OF FA	reral	2 Home	of Du	ndalk, Ind	
atic event, the medical ex		23_PART Lenter the diseases, prehock, prheart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To (or as a Co)	lina.	not enter	tha mor	STug	h es cen	dlec pr respir	atory arres	t, Approxi	mate Batween nd Death
or other traumatic	NO INCIDENTAL	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b DUE TO (OR AS A COI		F):	4 ~	y	04	CEL			
AL C		PART II. Other eignificant condition	ns contributing to death but r	not resulting	In the un	derlying	g cause given in	Part i.	24s. WAS AN A		24b. WERE AUTOPSY AWAILABLE PRIO	
shows any								_	1 TES 2	NO	OF DEATH?	
23 s		DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CA	USE OF	DEAT		ES NO					
SICI.	5	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetier	nt 3 🗆 BOA	OTHER	:	ACE OF DEATH (Ch					
BY PHYSICI	- 48	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nurs	28c. INJU	,		SCRIBE NOW IN	JURY OCCUI	RED	
28 12 ED 12		3 Suicide 8 Could not be 4 Nomicide datarmined	28s. PLACE OF INJURY — A building, atc. (Specify)	At home, tarm,	street, facto	ory, office			CATION (Street as or Town, State)	nd Number or	Rural Routa Number,	
흴릴			ICIAN: To the beat of my knowledge ER: On the basis of examination and									stated.
O BE CON		296. SIGNATURE AND TITLE OF CERTIFIE	forbally a	MO			29c. LICENSE NUN	BER 38		29d. DATE S	SIGNED (Month, Day, Yea	3
	k	30. NAME AND ADDRESS OF PERSON WH	1 Satyans			ز در ه	Last 1	Rd.	610	a Be	ionis mo	21061
$\cap \Gamma$	1	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S BIGNATI	decate								

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician,	In by the funeral director, page 5 should be detached for use as the burial-transit pe	ir removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last	Hendley			2. DATE OF DEATH MONTH DAY	YEAR 1/25 AM						
	4. SOCIAL SECURITY NUMBER 2. 55-2-503 9a. FACILITY NAME (If not institution, give	1 2 M 2 F	8 4 YRS. MONTHS	YRS. MONTHS DAYS HOURS MIN. (Morth, Dey, Year) 3-14-1910 Country) MARKY								
STOR	PSB. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PSC. COUNTY OF DEATH PSC. COUNTY OF DEATH PSC. COUNTY OF DEATH											
DIRECTOR	MARY/AND 10b. COUN	TY	10c. CITY, TOWN OR	14 more		10d. (NSIDE CITY LIMITS) 1 PYS 2 NO						
FUNERAL	10¢. STREET AND NUMBER 3/9 5 - Chin 11. MARITAL STATUS	toN Stri		101. ZIP CODE	224	IZEN OF WHAT COUNTRY?						
BY FU	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 Tyes IF YES, GIVE WAR OR DATE	2 NO If									
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Low Control of Business/INDUSTRY Crown Cork Lab								
	17. FATHER'S NAME (First, Middle, Last) A 10 N 2 0		DELMAR	16. MOTHER'S NA	AME (First, Middle, Malden Sumame)	11048						
TO BE	19a. INFORMANT'S NAME (Type/Print) LOW(SE HENDLEY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3195. Clinton Street Balto Hd 21224											
	20a METHOD OF DISPOSITION 1 Burlat 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State 20b.1	PLACE AND DATE OF DISPOSIT tery, cremetory or other place)	ON (Name of Clay	OATE 20c. LOCATION -	City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH N. JANNINO JR. FUNERAL HOME 26.3 5. (GALKILOUG SA BAHO, HD 21224											
ATION	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc of respiretory errest, abook, or haárt fallure. List only one cause on each line. Approximate interval Between Onest and Death disease or condition resulting in death) a. Cardio Vascular Cellap Se DUE TO (OR AS A CONSEQUENCE OF): Multiple Organ Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. DUE TO (OR AS A	consequence of: Steomyelitis									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ons contributing to death bu	t not resulting in the und	eriying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C								
	27. MANNED OF DEATH 1 Netural 5 Pending	1 Chpetlent 2 ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)		sc. thjury at work? 1 YES 2 NO	6 Other (Specify) 26d, DESCRIBE HOW INJURY OC	CURED						
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	260 PLACE OF INJURY	At home, farm, street, factor	ome, farm, street, factory, office 26t. LOCATION (Street and Number of Richard City or Town, State)								
COMPLETED					to the cause(a) and menner ea ate							
TO BE C		hari no		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)								
-	30. NAME AND ADDRESS OF PERSON W	MARI M.D.	100 N. K	Broadu	ay BA/to	Md. 21231						
	SEP 23 1994	31. DATE PICED (MONTH, Day, 1987) J. 32. HEGISTRAR'S SIGNATURE										

SEP 23 USA

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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68760,
9 X
BOX
P.O.
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SOHO
RECORDS
. VITAL
OF
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DIVIS

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
1 1	ANDREW	J. HOP	PER	JR.					09	22	94	YEAR	11:21
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (in yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH			IPLACE (State or Foreign
- 50	213-22-1497	1 M 2 □ F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	01	1, Day, Year)	27	Count	ÄRYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	OR LOCATI	ION OF DE	ATH		9c. COU	NTY OF D	EATH
e l	502 GLEN HEIG	HTS AVENU	JΕ		G	LEN	BUI	RNIE			AN	NE	ARUNDEL
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry		10c, CIT	Y, TOWN (OR LOCAT	TIÓN						10d. INSIDE CITY
- DIRECTOR		NE ARUNDE	L			EN :	BURN						LIMITS? 1 TYES 2 1 NO
¥	10s. STREET AND NUMBER	TIME ATTEST			10f. ZIP CODE 21061								WHAT COUNTRY?
FUNERAL	502 GLEN HEIO	12. WAS DECEDENT E		DMED	149	WAS DEC			UC OBION	7 (Specify Yea	_	I.S.	A . E — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2		- 1	If yes, sp		an, Mexican	n, Puerto I		or No —	Spec	k, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DE	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY									
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	MAINTENANCE MAN MANUFACTURING							G		
Š	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
w	ANDREW J. HOPPER SR. MINNIE W. HAAS												
0 8	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			21061
-	MADELINE HOPP	ER	_					ITS .	-	T .			NIE,MD.
	20a. METHOD OF DISPOSITION Description 2 Cremation 3 Res	moval from State	20b. PLACE of complete					22.5	DAT		CATION —		
A Donation 5 Other (specify) GLEN GLEN HAVEN CEMETERY 9/26 GLEN 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											EN B	URN	IE,MD.
Ш	RAYMOND C. FINK FUNERAL 426 CRAIN HWY.S.W.GLEN										, но	ME 21061	
- 1	23. PART I. Enter the diseases, or	- 01 - 1	U		4	26	CRAI	IN H	WY.S	S.W.G	LEN	BUR	NIE,MD.
	ahock, Dr heart falluly. List only Dna cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):												
FICATION	If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	c											
	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	R AS A CONSE	OUENCE C	DF):	nderlyln	g ceuse	given in	Part I.	24e. WAS AN PERFOR	MEO?	241	AVAILABLE PRIOR TO
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	c	R AS A CONSE	OUENCE C	DF):	nderlyln	g ceuse	given in	Part I.	PERFOR	MEO?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	c	R AS A CONSE	OUENCE C	DF):		31			PERFOR	MEO?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	c. DUE TO (OF	R AS A CONSE	resulting	In the u	28. P	LACE OF I	DEATH (Ch	eck only o	PERFOR 1 VES 2	MEO?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the conditions of the cause of th	c. DUE TO (OF	R AS A CONSE	resulting	OTHE	28. P	LACE OF I		eck only on	PERFOR 1 YES 2	IMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other aignificant conditions to the conditions of the cause of th	DUE TO (OF d	ath but not	resulting	OTHE	28. Pi R: rsing Hon 28c. IN,	LACE OF I	DEATH (Chi	eck only on	PERFOR 1 VES 2	IMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions to the conditions of the cause of th	DUE TO (OF d	R AS A CONSE	resulting	OTHE 4 Nu	26. Pi R: rsing Hon 28c. IN. W(LACE OF I	DEATH (Chi	8 Other	PERFOR 1 YES 2	MEO?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 UPS 2 UNO N/A
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions are set of the conditions and the cause of	DUE TO (OF d	R AS A CONSE	resulting 3 □ DDA 28b. Till IN	OTHE 4 Nu ME OF JURY M street, fac	28. PFR: rsing Hon 28c. IN. WC 1	LACE OF I	DEATH (Chi	8 Other	PERFOR 1 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2	NJURY OC	CCURED v or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Uses 2 Uno N/A
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions are set of the conditions and the conditions are set of the condition	DUE TO (OF d	R AS A CONSE R/Outpatlant JURY Year) At h. (Specify)	resulting 3 □ DDA 28b. Tilling ome, farm,	OTHE 4 Nu ME OF JURY M	28. Pi R: raing Hon 28c. IN. 1 ttory, office	JURY AT DRIK? YES 2 [DEATH (Chi	eck only or 8 Other 28d, DE 28f, LOCally to the ca	PERFOR 1 YES 2 PERFORM 1 YES 2 PERFORM PERFORM 1 (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OC	CCURED v or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO N/A
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a condition of the co	DUE TO (OF d	R AS A CONSE R/Outpatlant JURY Year) At h. (Specify)	resulting 3 □ DDA 28b. Tilling ome, farm,	OTHE 4 Nu ME OF JURY M	28. Pi R: raing Hon 28c. IN. 1 ttory, office	LACE OF I	DEATH (Chairesidence	8 Oth 28d. DE 28f. LOC City	PERFOR 1 YES 2 PERFORM 1 YES 2 PERFORM PERFORM 1 (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OC	ccured or Rural stad.	COMPLETION OF CAUSE OF DEATH? 1
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions are set of the conditions and the conditions are set of the condition	DUE TO (OF d	R AS A CONSE R/Outpatlant JURY Year) At h. (Specify)	resulting 3 □ DDA 28b. Tilling ome, farm,	OTHE 4 Nu ME OF JURY M	28. Pi R: raing Hon 28c. IN. 1 ttory, office	LACE OF I	DEATH (Charles desidence NO	8 Other 28d. DE 28f. LOC City to the ca	PERFOR 1 YES 2 THE PERFORMANCE OF TOWN, Strate) PERFORMANCE OF TOWN, Strate) Use(a) and main and place, and	NJURY OC	ccured or Rural stad.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO N/A
E COMPLETED	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a condition of the co	DUE TO (OF d	R AS A CONSE ath but not R/Outpatient JURY Year) NJURY — At h. (Specify) knowledge, definition and/or	resulting 3 □ DDA 28b. Till Norme, farm,	OTHE 4 Nu ME OF JURY M street, fac	28. Pi R: raing Hon 28c. IN. 1 ttory, office	LACE OF I	DEATH (Charles desidence NO	8 Oth 28d. DE 28f. LOC City	PERFOR 1 YES 2 THE PERFORMANCE OF TOWN, Strate) PERFORMANCE OF TOWN, Strate) Use(a) and main and place, and	NJURY OC	ccured or Rural stad.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N A A A A A A A A A A A A A A A A A

A AS ASSESSABLE SUPPLIES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

94 28029

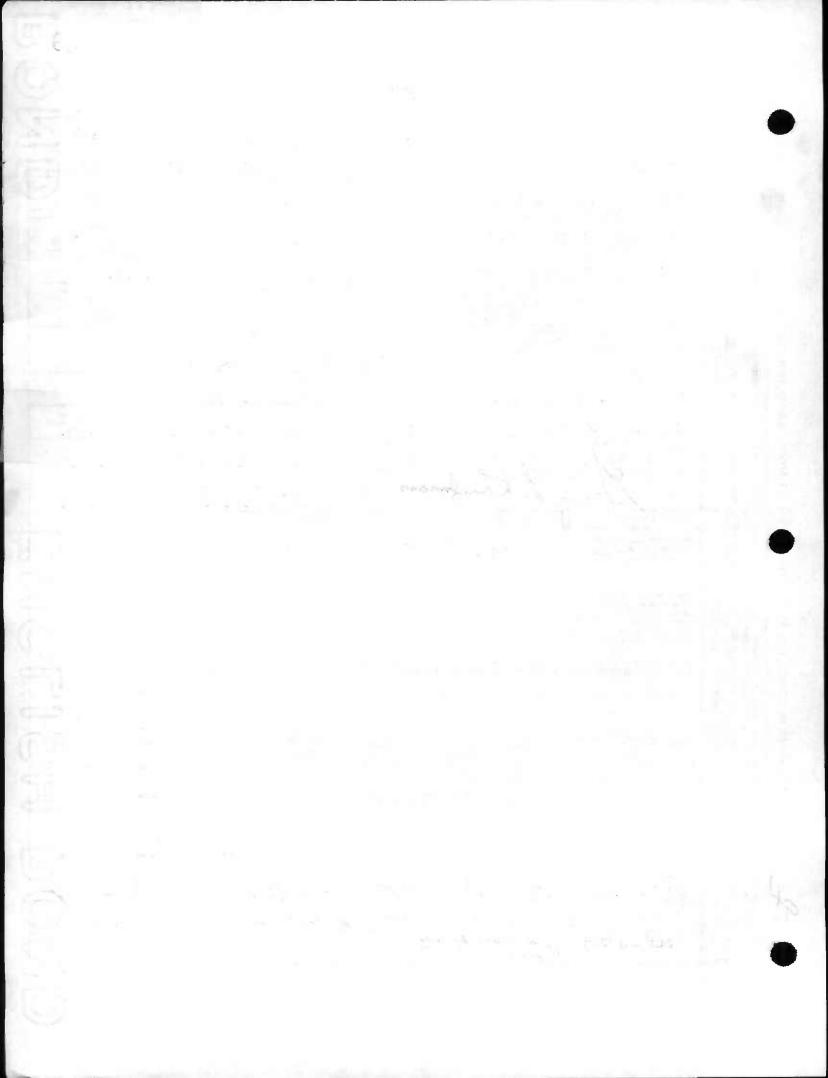
Approximate interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

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DHMH-16 Rev 1/89



3. TIME OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

OF VITAL RECORDS, that OR ATTENDING PHYSICIAN: The law

ARYC 1058 AM 4. SOCIAL SECURITY NUMBER 8 SIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yes. 7. DATE OF BIRTH lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 7 Connecticut 215-74-0463 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2. 3 should 9a. FACILITY NAME (If not institution .96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWARD TOWARD DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10h COUNTY 10d. INSIDE CITY Md. Howard Columbia 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10703 Rain Dream Hill 21044 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 X Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Vocation Disabled 0 Trainee Ellicott Enterpris once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 70 Antoinette Perez BE Frederick H Hifko page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frederick H. Hifko 707 Sawgrass Rd., Hampstead, N. C. pe 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must director, 4 Donation 5 Othe (Specify) Crest Lawn Memorial Gardens Sykesville, Md examiner 22. NAME AND ADDRESS OF FACILITY funeral Gary L. Kaufman Funeral Home of Elk., Inc. y the fur-removal. 04 mound 5695 Main St., Elkridge, Md. 23. PART i. Enter the diseases or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one ceuse on each line. medical Approximate filled in by ö Onset end Death IMMEDIATE CAUSE (Final the cremation, disease or condition_ ove to (OR AS CONSEQUENCE OF): min Hirwan completely event, resulting in death) in and com to burial, traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician I Mental Hygiene prior to . Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 In lury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO t. of H has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State C tem EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA & Mother (Specify) World Dlace - Not 4 Nursing Home 5 Residence 27 MANNER OF DEATH 28a. DATE OF INJURY 26d. OESCRIBE HOW INJURY OCCURED work relate 28b. TIME OF 28c. INJURY AT WORK? marked, 5 Pending Investigation 1 Natural 9:25 A M 1 Y YES 2 NO SEPT. 16, 1994 CHOKED ON BOLUS OF FOOD BY After death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after of item 28 is 60 6 Could not be determined COMPLETED 4 Homicide WORK SITE 11735 HOMEWOOD RD. ELLICOTT CITY.MD 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner as stated. TO THE HOSPITAL D
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year) BE Denit 9 Harbar 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4565 Hemwich 2104 PATRY CE NO 1045 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2 DATE OF DEATH

FIMORE, MARYLAND 21215-0020

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	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	UNCOTAT DR ATTENDING DIVOICIAN. The law requires that the death cartificate he evented within
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	HDS

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1440 GRACE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Dey, Year)
10-28-17 IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 214-20-1720 1 M 2 7 YRS. md. permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH S DIRECTOR 6110 05 OF DECEDENT 10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? mil. BAHO YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit dspring 120 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 PES 2 Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried ВУ 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Oo NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highes dery (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Jessie ŏ BE notified 19a. INFORMANT'S NAME (Type/Print) 9 Orenzo 06 Раде 6 тау be pe 20s. METHOD OF DISPOSITION

Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director. 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Patricia KND CRAP frome 1/2 the the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory filled in by Approximata shock, or haart failura. List only one causa on each line. interval Batwean 0 **IMMEDIATE CAUSE (Final Onaet and Death** disease or condition cremation CARDIAC and completely fit of burial, cremation resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, 2 nding physician a Hygiene prior to if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST the attending p Mental Hygiene 6 shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO an of signed t COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL item ; 28. PLACE OF DEATH (Check only one) certificate I **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? this c 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO BY After death Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED DIRECTOR: 1 28 4 Homicide TO THE HDSPITAL DR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: It item 2 29a. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(a) end menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d DATE SIGNEO (Month, Day, Year) B Montes M 1994 2 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MONTES SINA HOSPITAL OF BALTIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

the way in the fact of

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REG NO

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9-20-1994 **JACK** HAMEROFF P м A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 133-09-6246 1 M 2 - F YRS 81 4-8-1913 NY 9a. FACILITY NAME (If not institution, give street and number 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN NURSING HOME RANDALLSTOWN BALTIMORE Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BROOKLYN NY YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2615 HOMECREST AVE. 11235 use as the burfal-transit USA hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR OATES 1 YES 2 NO BY 3 Wildowed 4 Divorced Specify: WHITE ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high for mentary/Secondary (0-12) College (1-4 or 5+) COMPL 12 WELDER TRANSIT AUTHORITY OF NY detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Page 6 may be retained by the Ħ **ISADORE** funeral director, page 5 should be HAMEROFF ANN HAMEROFF BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21208 2 DR. STEPHEN B. HAMEROFF 3419 GARRISON FARMS RD, BALTIMORE, MD -21215pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must PINELAWN WELLWOOD **9**4 LONG ISLAND, NY 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY after death. SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD., BALTIMORE, the or removal MD 21215 medicai 23. PART I. Enter Enter the diseases, or compilications that caused the deeth. Do not enter the mode of dying, euch as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo Approximate Interval Batween IMMEDIATE CADGE Finel Onset and Death the disease or condition resulting in death) event, OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A traumatic CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 PART II. Other eignificent conditione contributing to deeth but not recuiting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAN ARI E PRIOR TO Disease any COMPLETION OF CAUSE 1 YES 2 NO Shows 10 1 TYES 2 NO The certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one Item **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA ursing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) arked 28b. TIME OF 2Sc. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural INJURY 5 Pending М 1 YES 2 NO BY NOISIN Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide 29a CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPID TO THE WITH TO FILE WITH 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month Day Year) 22609 0 2

8028

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EIDER

REGISTRAR'S SIGNATURE

alia Structur Rand

RUBE

31. DATE FILED (Month, Day, Year)

SEP 23 199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

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P. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should earth with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. JING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.

em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OHITE OF I				OF DEATH	MITH I	REG. NO).				
1. DECEDENT'S NAME (First, JOHN	Middle, Last)	EDV	ARD			HESS		E OF DEATH	, 19	94	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In y	rs. last birthday)	IF UNDER 1 Y		7. DAT	E OF BIRTH oth, Day, Year)		8. BIRTH	IPLACE (State or Foreign		
219-20-9086		1 🔀 M 2 🗌 F	66	S YRS.	MONTHS D	AYS NOURS MIN.		25-192	8	Countr	" MD		
9a. FACILITY NAME (If not ins					9b. CITY, TO	D. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
6132 BUCKI		MANOR DR	IVE		BALTIMORE BALTIMORE								
10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OR LOCATION 10d. INSIDE CITY								
MD	BA	LTIMORE			BAL	TIMORE		LIMITS? 1 TES 2 NO					
10e. STREET AND NUMBER	_					10f. ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?		
6132 BUCK	INGHAM	MANOR D	RIVE			21210)		Ţ	JSA			
									E — American Indian, k, White, atc.				
1 Never Married 2 X	rced	IF YES, GIVE W	AR OR DATES REA	S		YES 2 X NO Spec		, , , , , , , , ,		Speci	"Y" WHITE		
15. DECE (Specify only	EDENT'S EDUC	CATION completed)	16	. DECEDENT'S	work done duri	PATION ing most of working	16	b. KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0-		College (1-4 or 5	-)	Ilfe. Do NOT us	se retired.)								
		4		MERCHA	MT			RET					
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LEWIS MICHAEL HESS FANNIE SCHLEISNER												
19a. INFORMANT'S NAME (Ty		D_		19b. MAILING	ADDRESS (S	treet and Number or Rura					INDIX		
MRS. SUE H	ESS					NGHAM MANO					MD 21210		
20a. METHOD OF DISPOSITION TO Buriel 2 Cremetion	n 3 🗆 Remo	oval from State		ACE AND DATE		Name of	DA			- City or To			
TXJ Burial 2 Cremation 3 Removal from State Commetter Commetter Commetter Commetter													
SOL LEVINSON & BROS., INC.													
23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate													
23. PART Enter the dis	sesses, pr c esrt fallure. I	omplications the	caused th	e death. Do n	not enter the	mode of dying, su	ich as ca	rdisc or resp	Iratory a	rrest,	Approximate interval Between		
IMMEDIATE CAUSE (Fins) Onset and Death													
resulting in desth)	→ ,	B	XMI.		ncer						10 m65.		
		502 10	(OH AS A CQ	PREQUENCE OF	F):								
Sequentially list condition if any, leading to immed		DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
cause. Enter UNDERLY!! CAUSE (Disease or injur	NG												
that initiated events	· 1	DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
resulting in death) LAST	,	ı											
PART ii. Other significs:	nt condition	contributing to	death but r	not resulting	in the under	rlying csuse given in	n Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS		
								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
								T TES	Thur.	ľ	DF DEATH?		
DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF D	DEATH YE	S XI NO	UNCERTA	IN \square						
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		26.	PLACE OF DEAT									
1 TYES 2 NO		HOSPITAL:	ER/Outpatie	mt 3 🗆 DOA	OTHER:	Home 5 Residence	8 Oth	er (Specify)					
27. MANNER OF DEATH	i vezică în	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28	c. INJURY AT WORK?	28d. DE	SCRIBE HOW	NJURY OC	CURED			
	Pending nvestigation		7/1		M 1	YES 2 NO		***(,				
	Could not be letermined	28a. PLACE O building,	etc. (Specify)	At home, farm, s	street, factory,	office	281. LO Cit	CATION (Street y or Town, State	and Numbe	or Rural R	Route Number,		
29a. CERTIFIER			NM				Ĭ						
(Check only						data and place, and du) and manner ag stated.		
29b. SIGNATURE AND TITLE						29c. LICENSE N					(Month, Day, Year)		
OK	BUL	1mn				7 70	997	0	▶ DA	9/2	1/00		
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)	100	170			110	1171		
DrJ.K.	Bur	d, 2	328	W,	JOPP1	PD,	TII	moni	un	m	0 21093		
SEP 2 3 1	994	32. REGISTRA	R'S SIGNATU	RE							2		

FOR

3. TIME OF DEATH

MD

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

1X YES 2 | NO

Approximate

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

OF DEATH?

SEPT 22 1994

O.C.M.E.

Penn Street, Baltimore, Maryland 21201.

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Onset end Death

8. BIRTHPLACE (State or Foreign

12:23P

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1994 SEPT 21 HOWARD JOHN S 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 214-16-5560 71 DAYS 10-15-22 XXXM2 F permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GEORGE ST. APT # 11-D Baltimore City. RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION MD BALTO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 851 GEORGE ST. APT 11D 21201 page 5 should be detached for use as the burial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuben, Mexicen, Puerto Rican, etc.) **MARYLAND 21215-0020** 1 Never Merried 2 Merried B 1 YES 2X NO Specify: 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 6TH UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BOWERS notified at CARRIE Page 6 may be retained by HOWARD **JOHNS** 띪 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LAINE HARRISON 1100 BOLTON ST APT 501 BALTO, MD 21201 BALTIMORE. pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must M Buriet 2 ☐ Cremetion 3 ☐ Removal from State filled in by the funeral director, COMMON TO THE OREST VET 92694 OWINGS MILLS, 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ours after death. MARCH F/H-WEST 4300 WABASH AVE medical 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cerdlec or raepiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** cremation, the disease or condition_ rosul the attending physician and completely I Mental Hygiene prior to burial, crematic recuiting in deeth) the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially ilst conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Diseese or Injury other that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 0 Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY has been signed by Dept. of Health and OR ATTENDING PHYSICIAN: The law requires that any 1 TES 2 NO Shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate h Item YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Mesidence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending L DIRECTOR: After the bours after death w 1 YES 2 NO BΥ Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide COMPL 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner es stated. HOSPITAL I FUNERAL I within 72 h TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h (Check only one) 2 😾 MEDICAL EXAMINER: Op the besis of exemination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the ceuse(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) B

30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

COCKE

mo

32. REGISTRAR'S SIGNATURE

111

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Most after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detacted for use as the burial-transit BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1		-	FOR STATE REGISTR	AR
	1.	D	ECEDENT'S	NAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	_	TIEGIOTIVAT			-1111111	JAIL OI	DEATH	HEG. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
		COLETTE I	RENE JE	EANNI	ER			9-12-94	41 16	5:45 P M			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
		021 34 6190	1 🗆 M 2 🖵 F	63	YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-27-19		country) rance			
		9e. FACILITY NAME (If not institution, give s		0.5		B. CITY TOWN	OR LOCATION OF DE		9c. COUNTY				
	œ				l l				SC. COOKII	OF BEATH			
	6	RESIDENCE OF DECEDENT	Kendall A	Avenu	e	Ва	<u>altimore</u>		na				
	DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY			
	뚬	Maryland r			Do 1	timor	0			LIMITS?			
		10e. STREET AND NUMBER	ıa		рат		Of, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY				
	2	216 77 1 . 1	4.77				21210						
	FUNERAL	216 Kendall	AVenue		150	1 45 1175 77				ance			
	교	1 Never Merried 2 N Merried	FORCES? 1 7	ES 2. A	NO.	It yes, s	pecify Cuben, Mexica	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc.			
	BY	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											
	0	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 180. KIND OF BUSINESS/INDUSTRY											
	ETE	(Specify only highest grade completed) ((Give kind of work done during most of working											
	٦	Elementery/Secondery (0-12) College (1-4 or 5 +)											
once.	COMPL	47 547 15919 1144 5514 1444 144											
	ပ္ပ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Maiden Surname)						
at at	BE	Pierre Merc	ier					ne Le Q					
notifled	0	19e. INFORMANT'S NAME (Type/Print)		198	MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)			
be no	-	Mrs Roland Je	annier		216 H	Kendal	1 Ave, B	alto, MD2	1210				
7		20e. METHOD OF DISPOSITION	oval from State			DISPOSITION //	Name of	DATE 20c. LO	CATION — CITY	or Town, State			
must		2 Cremation 3 Removal from State cametery, crematory or other place) 2 Signature of Almeral Service Licensee Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board											
examiner		21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE Ronald	Wade	e.Dir	22. NAME /	AND ADDRESS OF FA	CILITY State	e Anai	tomy Board			
E	- 20	mary 1	1 blee		,	6551	W Baltin	nore St.B					
oval.	4	23. ART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximately 1.											
or remova medical		shock, or heart fellure.	complications that cau List only one cause o	used the de on each line	t enter the m	ode of dying, suc	h as cerdiec or respi	ratory arrest	, Approximate Interval Between				
0 5		IMMEDIATE CAUSE (Final Onset and Death											
t, the		disease or condition resulting in death) a. BRAST CANCER											
teath and Mental Hygiene prior to burial, cremation, or remoral.		DUE TO (OR AS A CONSEQUENCE OF):											
tic	z	Sequentially list conditions b.											
rior to buri	RTIFICATION	Sequentially list conditions, If any, leeding to immediate											
tra	S	CAUSE (Disease or Injury	C										
other	正	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEC	QUENCE OF):								
P O		resulting in death) LAST	d .										
ental	E		-										
injury,	EDICAL	PART II. Other eignificant condition	s contributing to deal	th but not r	esulting in	the underlyle	ng ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
any	8							1 🗆 YES 🙇		COMPLETION DF CAUSE DF DEATH?			
Heal	ΨI									1 TES 2 NO			
t. of H	. N							_		100 100			
Der n	₹ I	25. WAS CASE REFERRED TO MEDICAL				26, 1	PLACE OF DEATH (Ch	eck only one)					
State Dept.	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpetlant 3		OTHER:	me 5 Presidence						
e p	¥	27. MANNER OF DEATH	28e. DATE OF INJU		28b. TIME		JURY AT	28d. DE\$CRIBE HOW I	MILIBY OCCUP	ED.			
r death with is marked,		Netural 5 Pending	(Month, Day, Ye		INJUI	RY W	ORK? YES 2 NO	200. DEGONIDE NOW I	NOON! CCCON	LU			
ma	B	2 Accident Investigation	280 DI ACE OF IN	IIDV As be	- 4								
after o	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (Specify)	me, term, str	eet, ractory, or	ice	281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,			
	ᆸ												
Hours Nem	4	290. CERTIFIER (Check only	CIAN: To the best of my k	nowledge, de	ath occurred	at the time, da	te end place, end due	to the cause(e) end mar	nner es stated.				
filed within 72 PORTANT: If	COMPL		R: On the beele of examin	ation end/or i	nvestigation,	In my opinion,	death occured at the	time, date end place, en	d due to the co	euse(e) end manner ee stated.			
TAN VIET													
										1.4/01			
e ₹	2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CALISE OF	DEATH (ITE	27) (Time 5	rint)	19011	2 -	//	17/47			
							#20F T	1470	120/	P			
- 1		DR GARY COME 31. DATE FILED (Month, Day, Year)	N 0009	N. C	narle	es St,	# 200, To	wson, MD2	1204				
		SEP 2 3 1994	42. REGISTRAR'S S	PAL	11								
L		פרטו מט ושט			46								

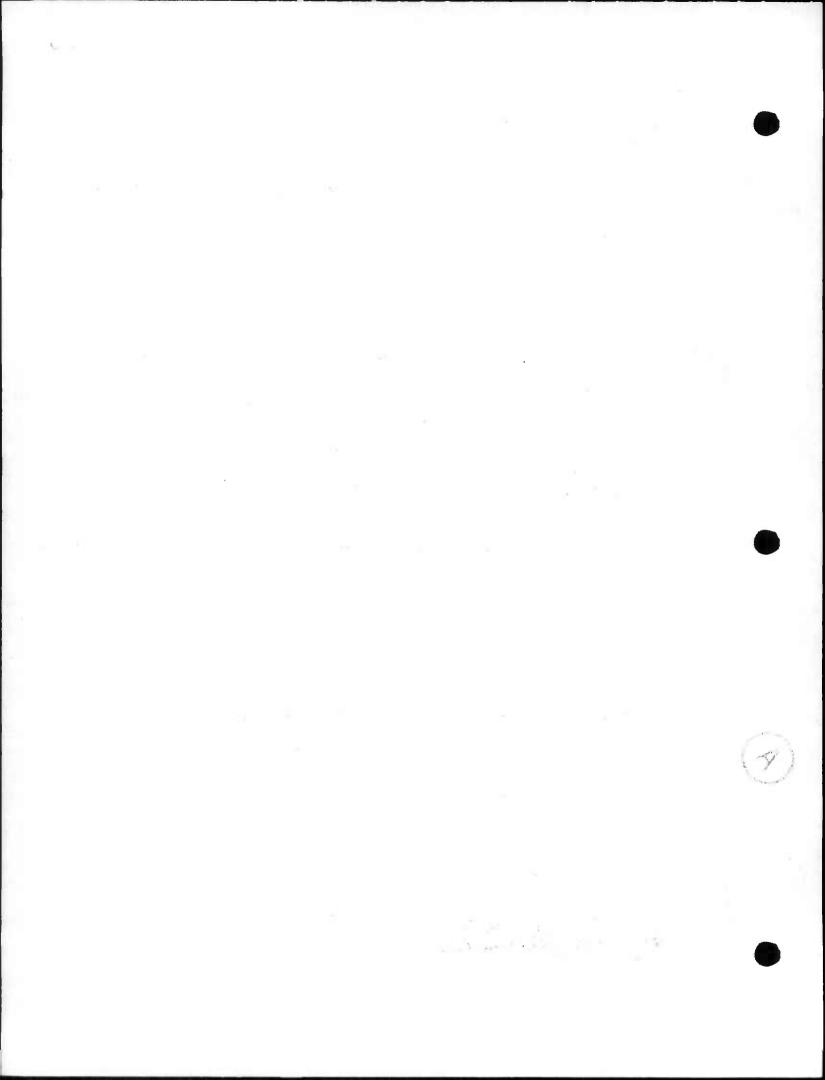
TO THE HOSPITAL OR ATTENDING WHICH TO THE Navequires that the death certificate be executed with the float. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF THE

L RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF					MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	VF49	3. TIME OF DEATH
	CHARLES AARO	N LUSBY, SR.							$\frac{1}{21}$, $\frac{19}{19}$	94	10:00AM
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	AAIN	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHP Country)	LACE (State or Foreign
	213-07-5554	¹\\ M 2 □ F 76	YRS.					OCT. 2, 19		MASS	ACHUSETTS
~	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY		T TT TMC		ATH		TT TMO	
DIRECTOR	920 CALWELL ROAD				BA	LTIMO)KE		BAL	TIMO	KE
EC	10e. STATE 10b. COUNT	Y	10c. Ci	ITY, TOWN (OR LOCAT	ION	ION 10d. INSIDE CITY				
- 1	MARYLAND	BALTIMORE		BALTIMORE							LIMITS?
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ		HAT COUNTRY?
NE I	920 CALWELL ROAD	T					229		<u></u>	U.S	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? YES	S 2 NO		If yes, spe	ecify Cuber	n, Maxican	IC ORIGIN? (Specify You, Puerto Rican, etc.)	a or No-	Black,	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			1 TYES	2 NO	Specify:			Specify	WHITE
	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT'S	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY							***************************************
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	dunny mo	SI OF WORKIN	g				
COMPL		2 YRS	SGT.MAJ	OR				U.S. AR		SERVE	S
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maide			
	WILLIAM LUSBY 19a. INFORMANT'S NAME (Type/Print)		105 MAII IN	10 ADDDES	A /Demail a			HINE BLOOM		2 (1)	
일	MARY C. LUSBY							oute Number, City or To		229	
	20a. METHOD OF DISPOSITION		0b. PLACE AND DATE	E OF DISPOS	SITION (Na	ime of			OCATION —		rn. State
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	RK C	EMET	ERY		9/24 BA	ALTIMO	ORE			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	.]			D ADDRES					
	> M. 18af	lolones						L HOME, II VENUE - BA		ים מע	M 21220
	23. PART I. Enter the disesses or	complications that cause	ed the deeth. Do	not enter	ths mo	de of dyl	ing, such	ae cerdisc or ras	piratory ern	eet,	Approximete
	IMMEDIATE CAUSE (Fine)	List only one cause on				n _{the}					Interval Between Onset and Death
	disease or condition s. metastatic gastric cancer Due to (or as a consequence of:										
		DUE TO (OR AS	A CONSEQUENCE	OFJ:							7 months
ON	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
Ā	if eny, leeding to immediate ceuse. Enter UNDERLYING		7711	<i>J</i> 1 <i>j</i> .							
HIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	0F):							
ш	resulting in deeth) LAST	d									
AL C	PART II. Other significent condition	ns contributing to death	but not resulting	In the ur	nderiying	ceuse g	jiven in f	Pert I. 24a. WAS A		24b. \	WERE AUTOPSY FINDINGS
								PERFO	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC											OF DEATH?
ž	DID TOBACCO USE	CONTRIBUTE TO	CAUSE C)F DE/	ATH :	YES [] NC	<u> </u>			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DE	EATH (Che	ck only one)			
2	1 TYES 2 NO	1 Inputient 2 I ER/Out	A DESCRIPTION OF THE PERSON OF	4 🗆 Nur	rsing Hom	-	ialdenca (6 Other (Specify)			
۱ ۵	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)		IME OF NJURY		RK?	7.00	28d. OEŞCRIBE HOW	INJURY OCC	URED	
à	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJUR	RY — At home, term	street, fec		YES 2	NO	281, LOCATION (Street	t and Number	or Purel So	seeta Meradian
3	4 Homicide 8 Could not be	building, etc. (Spe	ecify)		iory, omio			City or Town, State		or noral no	ote Humber,
4	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wladga, death occu	rred at the	time, deta	and place.	and due	to the cause(s) and m	anner en state	ed.	
COMPLETED		ER: On the beals of exemination									and manner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .		- ^			NSE NUM		29d. DATE	E SIGNEO (Month, Day, Year)
2	Barbara	a Conte	y M	0		D	26	794	Þ 6	9-2	1.94
	30. NAME AND ADDRESS OF PERSON WH Univ MD cancer				Si	L	Ba	Himove	MO	2/2	.0/
	31. DASEP 2 3 1994	32 REGISTRAR'S SIGN	NATURE								

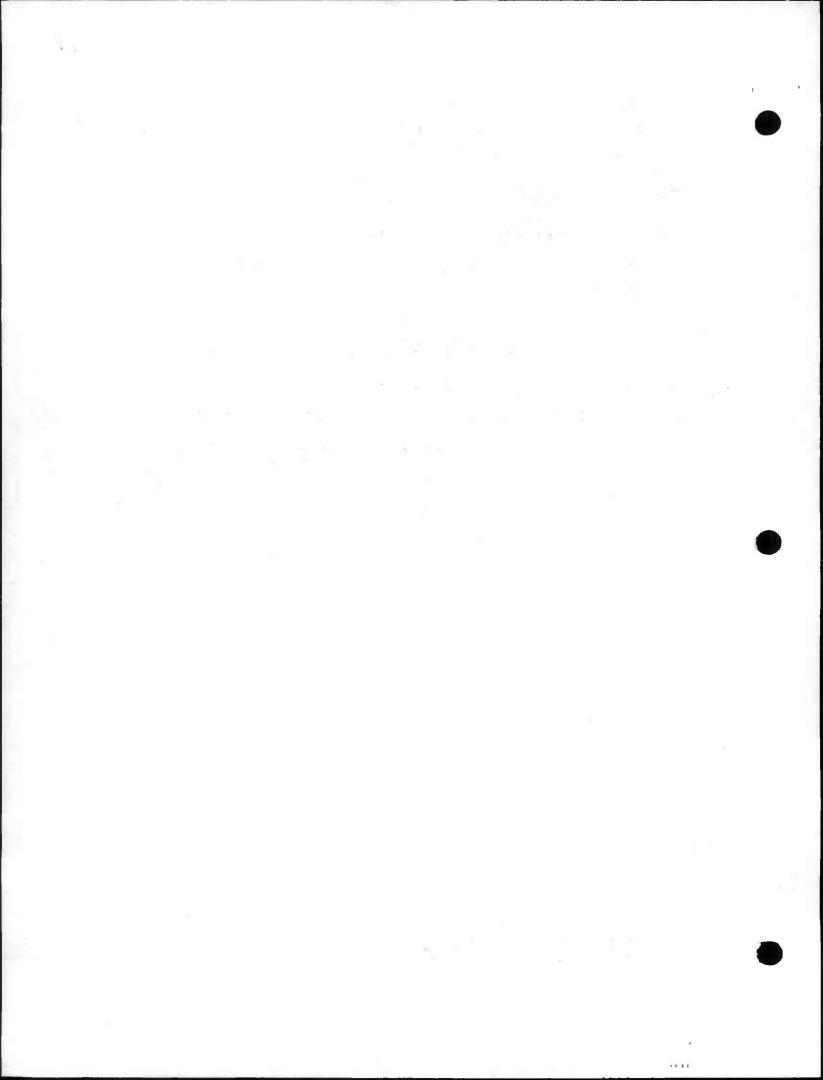


hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a force after the retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is the following physician and Mental Hypiter prior to burial, certain and on the present and Mental Hypiter prior to burial, certain and on the present and mental Hypiter prior to burial, certain and the present and mental Hypiter prior to burial, certain and the madrical evaluation and the present and the pre
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Patricia Ann Liptra 1. DECEDENT'S NAME (First, Middle, Last) Patricia Ann Liptra 2. Date of Death One o							
	315-34-0573 1 M 2 WF 55 YRS. MONTHS DAYS HOURS MIN. MAY 31, 1939 HARFORD CO. MI							
DIRECTOR	Fallston Hospital AVE Fallston Harford CO.							
	10a. STATE 10b. CQUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 OS STREET AND NUMBER 10c. CITZEN OE WHAT TO STATE 10c. CITZEN OE WHAT T							
FUNERAL	3246 CHARLES STREET 21047 U.S.A.							
BY FU	11. MARITAL STATUS 1							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
COMP	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 21047 21047							
100	20a. METHOD OF DISPOSITION 1 19 Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of Campillary Compilation) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State							
4	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALL DAT DET ALP ALL DAT DET ALP							
E CAB	1 Jeffrey J. your mooth 3 NEW PORT DRIVE PORESTHIL, MD.							
	22. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, interval Between Onset and Death IMMEDIATE CAUSE (Fine)							
,	disesse pr condition resulting in death) s. Due to (or as a consequence or):							
NOI	Sequentielly list conditions, If eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in desth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):							
	d,							
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO							
	DID_TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)							
14S	1 YES 2 100 100							
4	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO							
TED BY	2 Accident investigation 3 Suicida 6 Could not be determined 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
H	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year) 9 (24) 9 4							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 219 W. Bel Air Avenue, Aberdeen, 40 2001							
1 1	31. DATE FILED (Month, Dey, Year) SEP 2 3 1994 32. REGISTRAR'S SIGNATURE							



. 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the found retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)			MALONE		2. DATE OF DEATH	<u> </u>	3. TIME OF DEATH 4:02 PM		
- 8	LEWIS 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Server Server Server 1							
		1X□M2□E	In yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign puntry)		
- 6	231-40-5729 9e. FACILITY NAME (If not institution, give str		60	DE OUTY TOWN	OR LOCATION OF D	09 14		irginia		
DIRECTOR	BON SECOUR HOS	,			ORE CI		9c. COUNTY O	F DEATH		
EG	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY		
뜽	Maryland			Ra	ltimore	City		LIMITS?		
	10e. STREET AND NUMBER				. ZIP CODE	Olty	10o. CITIZEN C	OF WHAT COUNTRY?		
FUNERAL	771 Linnard St	raat			2122	9		SA		
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye		ACE — American Indian.		
	1 Never Married 2 Married	FORCES? 1 YES	2 2 NO	If yes, sp		in, Puarto Rican, etc.)		Black, White, atc.		
⋒	3X Widowed 4 Divorced			1	LAINO ODSCII	y.	· ·	Black		
3	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S	USUAL OCCUPATE	ON of weeking	16b. KIND OF BU	SINESS/INDUSTR			
COMPLETED	Elamentery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ist or working					
₹	10		Tr	uck Dr	iver	Acm	e Truc	king Co.		
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
BE C	Lewis E. Malone	e. Sr.			Mammi	e Jones				
	19a. INFORMANT'S NAME (Type/Print)	,	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	m, State, Zip Code)		
2	Evette Malone		771	Linnar	d Stree	t Balt	imore.	MD 21229		
	20a. METHOD OF DISPOSITION	200	PLACEAND DATE				CATION — City o			
	1X Buriel 2 Cremation 3 Ramo	val from State cem	etery, crematory or o	ther place!						
4 □ Donetion 5 □ Other (Specify) Mount Zion Cemetery 9:/23/94 Lansdown								e, racyland		
	Unity Funeral Home									
	Cobsesh K.	Maltury	Dar	108	W. Nor	th Ave.	<u>B</u> alto	., MD 2120		
- 1	23. PART i. Entar the diseasas, or co	omplications that cause	the death. Do a	not entar tha mo	de of dylng, suc	h aa cardlac or reap	Iratory arrest,	Approximate		
	shock, or haart fallura. List only one cause of each ilna. IMMEDIATE CAUSE (Final									
	disease or condition reaulting in death)	disease or condition Hyportoncive Arteriosclerotic Cardiovascular Disease								
1	DUE TO (OR AS A CONSEQUENCE OF):									
2	Sequentially liet and litters (b.									
2	Sequentially list conditions, If any, leading to immediate									
5	CAUSE (Disease or injury	cause. Entar UNDERLYING								
=	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CEMINICATION	resulting in death) LAST									
- 81	PART II. Other significant conditions	contributing to death h	ut not regulting	in the underlyin	n course abuse in	Post I Day und su				
₹	ENDSTAGE RENA		or not readiting	in the underlyin	g cause given in	Part I. 24s, WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
5	ENDOTTION REINT	H DIODITOD				1 YES 2	XNO	COMPLETION OF CAUSE OF DEATH?		
E						INQU	ITRY	1 TYES 2 NO		
٤	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAI	N 🗆 TIVQ	JIKI			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA							
ē	1 X YES 2 □ NO	1 Inpatlant 2 XER/Outp	etlant 3 🗆 DOA	OTHER: 4 Nursing Horn	e 5 🗆 Raaldenca	8 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ		URY AT	28d. DESCRIBE HOW	NJURY OCCURED			
ž	1 X Natural 5 Pending 2 Accident Investigation				YES 2 ND					
5 II	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, alc. (Spec	- Al home, farm, s	street, factory, offic	•	281. LOCATION (Street City or Town, State)		ral Route Number,		
	4 Homicide determined					, o. 10mi, olato,				
וי	CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledga, daeth occum	d at the lime, date	and place, and due	to the cause(s) and ma-	nner as stated			
The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
	TO SIGNATURE AND TITLE OF CERTIFIER									
N N	/// O	ele NW			29c. LICENSE NUI			NED (Month, Day, Year)		
2	y und	- y			O.C.M	.E.	sep	t 15,1994		
	J. Laron Locke				reet P	altimoro	Marw	land 21201		
				enn ori	.cet, D	GT CTHOLE	, Mary.			
	SEP 2 3 1994	32. REGISTRAR'S SIGN	ATURE							

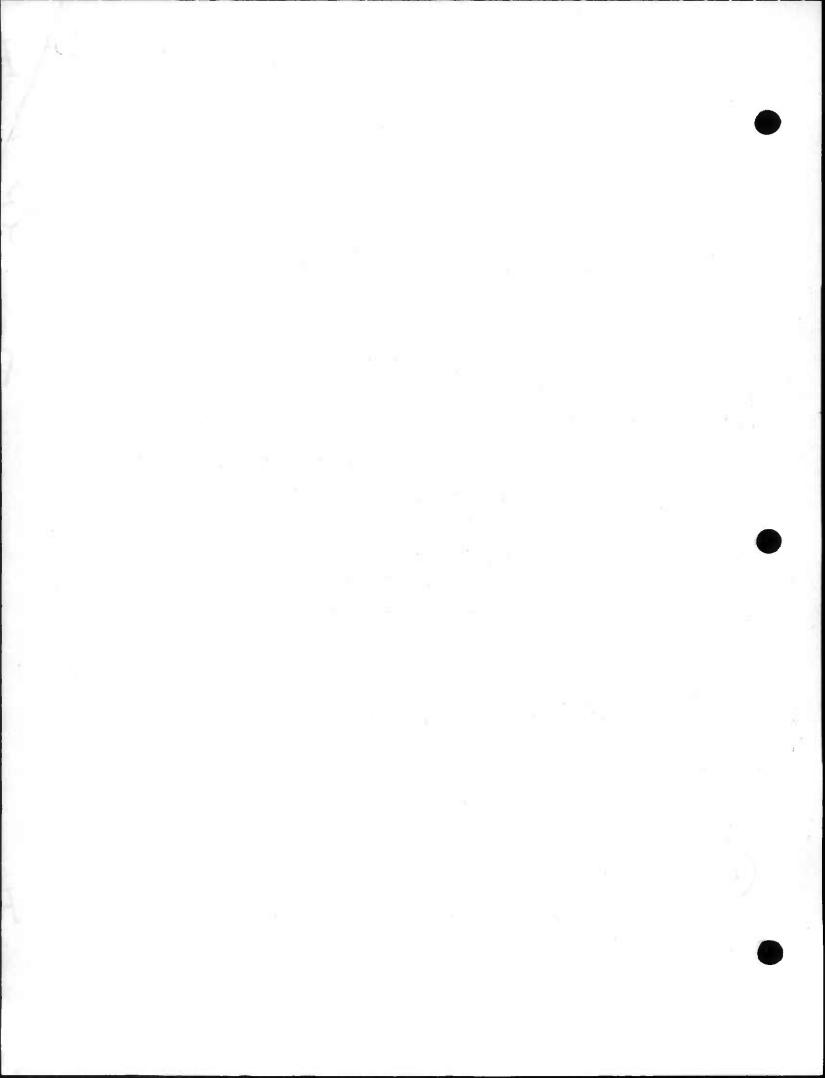
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1	-	FOR STATE REGISTR	AR
	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last) Any A. Merritt 2. Date of OEATH MONTH DAY September 21, 1994 0650 A. N														
		Mary A. Me		5. SEX			sin a la			1	reces:	_	ember	Z1,]		
		217-20-87		1 M 2 F		in yrs. lest 69	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE (Dey, Year) 26-19	225	Count	IPLACE (State or Foreign Y) C
pinous		90. FACILITY NAME (If not in		22		0 7		9b. CITY	. TOWN	OR LOCATI	ON OF DE		20 1.			
m	5	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH VA Medical Center 96. COUNTY OF DEATH 96. COUNTY OF DEATH														
1. 2.	5	RESIDENCE OF DEC								_=-						
ages	DIRECTOR	Md .	10b. COUNTY	1			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
permit, Pages	ERAL DI	10e. STREET AND NUMBER						Ba		more						12 YES 2 NO
it per		8 Ridgeburg Ct. Apt.D.							10	f. ZIP COD						VHAT COUNTRY?
ian. trans	빌	8 Riaged	urg C	12. WAS DECEDER				1		212					U.S	
OUZU ng physician. he burial-transit	FUN	1 Never Married 2	Married	FORCES?	YES	2 N			If yes, s	pecify Cube	n, Maxica	n, Puerto R	? (Specify Yaa ican, etc.)	or No-		E — American Indian, k, Whita, atc.
5 p g	B	3 Widowed 4 Divo	orced	IF YES, GIVE	MAR OR DA	ATES			T YES	S 27 NO	Specify	y:			Spec	"y: Black
r attendil	유	15. DEC	EDENT'S EDU	CATION completed)			EDENT'S			ON ost of working		16b.	KIND OF BUS	INESS/IND	USTRY	
for u	COMPLET	Elementary/Secondary (-	College (1-4 or 5	+)	life.	Do NOT us	e retired.)								
the hospit e detached t once.	₩ P	18				F€	eder	al	Emp	loye			Nurse		st.	
the hose detach	8	17. FATHER'S NAME (First, Middle, Last)					,				AME (First, Middle, Meiden Surmame) Lelia Clayton					
ed by	出	Lionel M		t												
mak retained by 5 should by notified a	일	Johnny A		+ c		19b.							er, City or Town	n, Stata, Zip	Code)	
(1)		20s. METHOD OF DISPOSIT		US	206	III ACE A	NDDATEC			-	ler		1.	CATION —	0/4 T-	- 20.0
SALIIMORE, after death. Page 6 may by by the funeral director, page imoval.		1 1 Donation 5 □ Other	on 3 💢 Remi	oval from State			Salogy by or	ner sports	4	7	1	9-2				N.C.
after death, Page 6 by the funeral directo moval. cal examiner mu		21. SIGNATURE OF FUNERA		ENSEE	-1/	fines	ettm		HAME A	NO ADDRE	SS OF FA	CILITY	/ Dat	<u> </u>	mo,	11.0.
ALIIN death. Pag tuneral di i.		¥ 4.01	1 >	1	-0	7	1		Car	lton	C.	Dou	glass	s Fu	ner	al Service
		23. PART I. Enter the d	leases or c	omplications the	T	cres	th Don		170	1 Mc	Cu1	laoh	St.	Ba1	to.	Md. 21217
filled in by the		anock, or h	aart fallura.	Liat only ona car	use on e	ach lina.	ith. Do ii	ot anter	tna me	oda or dy	ing, suci	n aa card	lac or reapi	ratory arr	eat,	Approximata intarvai Batween
E 9 €		iMMEDIATE CAUSE (Find disease or condition	nai	Elect	ro M	ocha	nica	1 Di	880	ciati	on					Onset and Death
E 50 E		disease or condition Flectro Mechanical Dissociation Due To (OR AS A CONSEQUENCE OF):														
R 5 - 6	z	Pulmonary Hypertension														
te be execute sician and confor to bunia traumatic	RTIFICATION	Sequantially list conditions, If any, leading to immediate														
ficate be physician ne prior to	ICA	cause. Enter UNDERLY CAUSE (Disease or inju		. Desqu	amat	ive	Inte	rsti	tia.	1 Pne	umor	nitis				
nding physicale program of other to	E	that initiated events reaulting in death) LAS	т .	DUE TO	(OR AS A	CONSEC	UENCE OF	7):								
F 8 8 0	SE			d					_							1
ingur		PART ii. Other algnifica	nt condition	a contributing to	daath b	ut not re	aulting i	in the ur	deriyin	g cause g	given in	Part i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
	DICAL											[PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
quires that a signed f Health a	ME							_								1 TYES 2 NO
law req as been bept. of 23 sho	ä	DID TOBACCO	O USE C	CONTRIBUTI	TO	CAUS	E OF	DEAT	H)	ES [NO					
The tite his ate D	ICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF D	EATH (Ch	eck only one)			
STAN: Striffice he St	S	1 TYES 2 NO		1 Inputiant 2	ER/Outp	atient 3	DOA			ne 5 🗆 Re	sidenca	6 🗌 Other	(Specify)			
PHYSIC This ce with the ce	РНУ	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE Of (Month, L	Pay, Year)		26b. TIMI INJ	URY	W	JURY AT DRK?		26d. DES	CRIBE HOW IN	JURY OCC	URED	
DING PHYS After this death with	B	2 Accident	Investigation	28a BLACE	C IN HIDY	40.0		M		YES 2	NO					
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica rours after death with the St tem 28 is marked, or It	9		Could not be detarmined	28e. PLACE (building	etc. (Spec	— At non	7e, term, s	treet, fact	ory, offic	ce .		28f. LOCA City o	TION (Street a or Town, State)	nd Number	or Rural I	Route Number,
OR AT DIRECT hours a		29e. CERTIFIER													_	
西田と言	₩	(Check only		CIAN: To the best of) and manner ee stated.
	8				,	T GITCHOT III	restigatio	ii, iii iiiy c	pinion, i				and place, and			
HEE	#	29b. SIGNATURE AND TITLE	OF GENTIEF	11	× .	14	1			29c. LICE	ENSE NUN	ABER		29d. DATE	SIGNED	(Month, Day, Year)
2013	2	30. NAME AND ADDRESS OF	F PERSON WHO	O COMPLETED CALL	SE OF DE	ATH (ITEM	27) (Tvne	Price	_	/-				- /	12	2/14
		Michael Ga				72	1	16	×	9	N		10 N	I. Gr	eene	St., Balto
		31. DATE FILEDS MENTED 2		32. BUGESTE	AR'S SIGNA	ATURE	-21	Q		1						201, 201
		SEP 2	3 1334	John	Sande	w- f	بالمعاد									



VERNA MAE S. SEX		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL	CERTIF	ICATE OF	DEATH		REG. NO.	1.	THE OF THE
A SOCIAL SECURITY NUMBER 2 1 - 2 4 - 4 - 40 - 40 - 51 1	(5	1	MAF		MOOF) F	MONTH	DAY	YEAR	
BALTIMORE CITY State Sta		4. SOCIAL SECURITY NUMBER 212-46-4905	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE OF	BIRTH	8. BIRTHPI	LACE (State or Foreign
The STREET AND MARMER TO THE PROPERTY OF THE STATE OF THE	стов	HARBOR HOSPIT						9c. CO	JNTY OF DEA	ATH
The MARITAL STATUS The Marine of Process The Status The Status The Marine of Process The Status The Marine of Process The Status The Marine of Process The Marine of Marine of Process The Marine of					_	TION				LIMITS?
THE NAME TAL STATUS THE NAME TALL STATUS THE NAME	IERAL		d		10		5			AT COUNTRY?
Sequentially list conditions, sequentially list conditions are considered to death but not resulting in death) Sequentially list conditions are contributing to death but not resulting in death) Sequentially list conditions are contributing to death but not resulting in the underlying ceuse given in Part I. 24s. Not all autority or content on cause or conditions are resulting in death) LAST Sequentially list conditions are resulting in death) Sequentially list are resulting in death) Sequentially list ar	B	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	secify Cuban, Mex	ican, Puerto Rici	Specify Yes or No-	14. RACE - Black,	White, etc.
Note 100	ETE	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during mo se retired.)	ON ost of working	16b, KI	IND OF BUSINESS/IN	DUSTRY	
The MACHINA ADDRES (Simel and Number or Route Route Number (op or Swin, State, 20 obts) The MACHINA DORSES (Simel and Number or Route Route Number (op or Swin, State, 20 obts) The MACHINA DORSES (Simel and Number or Route Route Number) or Swin, 250 obts) The MACHINA DORSES (Simel and Number or Route Route) or Swin, 250 obts) The MACHINA DORSES (Simel and Number or Route Route) or Swin, 250 obts) The MACHINA DORSES (Simel and Number or Route Route) or Swin, 250 obts) The MACHINA DORSES (Simel and Number or Route) Route Number or Route Route) The Machina Dorses (Simel and Number or Route) Route Number or Route Route Number or Route Route) The Machina Dorses (Simel and Number or Route) Route Number or Route Route Route Number or Route Ro	i m	John P. Townes,	Sr			Virg	ie Aust	in		
200_FLACE AND DATE OF DISPOSITION///wamed 200_FLACE AND DATE OF DISPOSITION///wamed 200_FLACE AND DATE OF DISPOSITION////wamed 200_FLACE AND DATE OF DISPOSITION////wamed 200_FLACE AND DATE OF DISPOSITION///////////////////////////////////	임	Rodney T. Moore		19b. MAILING 1044	Jack Pl	ace Ba	lto, Mc	4		21225
IMMEDIAL CAUSE (Fine)		1 Donation 5 Other (Specify)	oval from State cen	netery, crematory or o	other place)					n, State
IMMEDIAL CAUSE (Fine)		Mumi	B. Dea	tte	Marc 43	h F7H W 00 Wab	est ash Ave	enue Bal	to, Mo	21215
Sequentielly list conditions, if any, leeding to immediate causes. Enter UNDERLYING CAUSE (Disease or injury that inflited events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that inflited events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one) 1		MMEDIATE CAUSE (Final	list only one cause on e	ach line.						Interval Betwee
PART II. Other algnificent conditione contributing to death but not reculting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN 24b. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO NO NO NO NO NO	ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE O	F):					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. PLACE OF DEATH (Check only one) EXAMINER? 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH Working Sound		PART II. Other algnificent conditions	e contributing to death b	ut not reculting	in the underlying	g ceuse given		PERFORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
Parking Park		25. WAS CASE REFERRED TO MEDICAL EXAMINER?			TH (Check only one)	UNCERTA	IN 🗆	JASPEONIN		
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)		27. MANNER OF DEATH Settlement S Pending	1 Inpetient 2 To ER/Outp	28b. TIN	4 Nursing Hom IE OF 28c. INJ JURY WO	JURY AT ORK?	_		CURED	
296. SIGNATURE AND TITLE OF CERTIFIED 296. DATE SIGNED (Month, Day, Year)		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	At home, farm,			261. LOCATION City or 1	ON (Street and Number fown, State)	r or Rural Rou	ite Number,
296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)	OMPLE	(Check only	IAN: To the best of my know	ledge, death occurr	ed at the time, date	end place, and d	ue to the ceuse(e) end menner ee ate	ted, he ceuse(e) e	nd menner ee stated.
	BE C		Phil			29c. LICENSE N	UMBER	29d. DA	E SIGNED (A	fonth, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

New

3. TIME OF DEATH

DM

HAMSPHA

710

10d. INSIDE CITY

14. RACE — American Indian, Black White, atc.

WHITE

1 YES 2 410

21093

MD

21093

Approximate Interval Between

Onset and Death

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

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illed in by the funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. ours after death. Page 6 may be 0 cremation, executed with bunal, and Hygiene prior to attending physician Mental F signed by the Health has been 0 Dept. State this certificate HOSPITAL OR ATTENDING PHYSICIAN: the with death DIRECTOR: After after hours FUNERAL | 포를 223

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 9 MCI ERMOT JOHN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1 2 F DAYS HOURS 212-03-1412 0 16-03 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH VIEW NURSING CENTER MANCHESTER CARROLL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION RALTIMORE mD COCKEYSUILLE 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? APT. J. 5 BEEHIVE COUNT 21093 U.S. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done life. Do NOT use retired.) st of working Flementary/Secondary (0-12) College (1-4 or 5+) BOOKKEEPEN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) QUINN MCDERMOTT JULIA 6DWARD 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELEANOR CDERMOTT BEEHIUE CT. APT J. COCKESSVILE, MD 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Verky 1 Buriel 2 Cremation 3 Remo emetery, crematory or other place) CEME WOODLAWN 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF CHIMES CHAPEL EVANS TIMONIUMIND 0 2325 YORK RD 23. PART I. Enter the diseases, or complications that caused the deeth Do not anier the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. If st only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition Caran and. +h910501 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediata cause. Enter UNDERLYING CAUSE (Diseese Dr Injury

PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Lne-

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY 1 TYES 2 NO

24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA

26e. DATE OF INJURY (Month, Day, Year)

OTHER:

Mursing Home 5 Residence 6 Other (Specify)

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO

26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and many (Check only one)

2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion 296. SIGNATURE AND TITLE OF CERTIFIER

649 0

5 Pending Investigation

6 Could not be

29c. LICENSE NUMBER 288 29d. DATE SIGNED (Month, Pay, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE ELLES (Month, 2) 1994

that initiated events resulting in death) LAST

27. MANNER OF DEATH

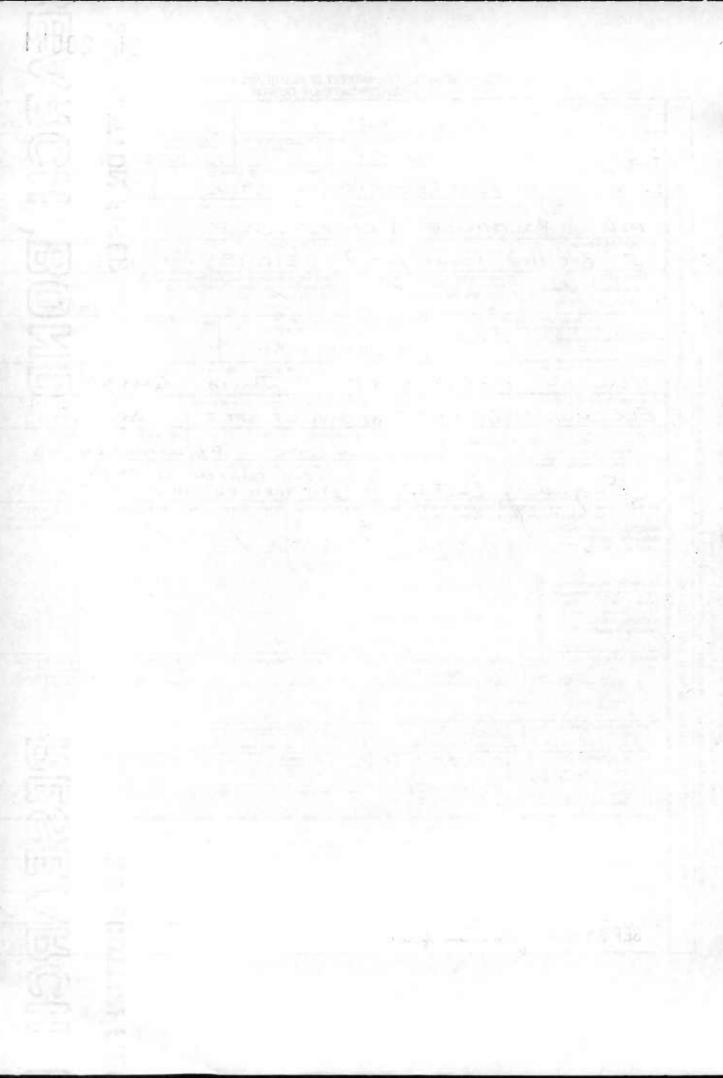
1 Natural

2 Accident

3 Suicide

4 Homicide

32. REGISTRAR'S SIGNATURE i Sinion- fredere



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. D/	ATE OF DEATH	Y YEAF	3. TIME OF DEATH		
- 8	DORIS MAS	MCCARTIN			C	9 1	5 1994	5:45 PM		
Ÿ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 1									
	9a. FACILITY NAME (If not institution, give street		2	CITY, TOWN OR LOCATION	J.	1719 L	9c. COUNTY OF	ARYLAND.		
BC	THE JOHNS HOPKIN				CITY	,	SE. COUNTY OF	DEATH		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
DIRECTOR		imore	10c. CITY, 10	WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER	11/0/0		101. ZIP CODE	11		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	4018 SILVAI	35_		2	A.2.					
F.	11. MARITAL STATUS 12 1 Never Merried 2 Merried	. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF If yes, specify Cuben,			or No — 14. R/	ACE — American Indian, ack, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TES 2 NO	Specify:	, , , , , , , , , , , , , , , , , , , ,		pecity:		
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 1	6a. DECEDENT'S USU			16b. KIND OF BUS	SINESS/INDUSTRY	WALLS.		
COMPLETED		College (1-4 or 5+)	life. Do NOT use ret	done during most of working red.)						
MP	17. FATHER'S NAME (First, Middle, Last)		H TA	ow				,		
	PLARSONS	202/11		18. MOTHE	R'S NAME (Fin	st, Middle, Maiden	Surname)	2		
) BE	19e. INFORMANT'S NAME (Type/Print)	10000	19b. MAILING ADD	RESS (Street and Number of	r Rural Route N	lumber, City or Tow	n, State, Zip Code)	21234		
2	PATRICIA E. GI	-22	2213 8	Ris AV	5 C	ARNEY	MARY	LANO		
	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal		LACE AND DATE OF DI			ATE 20c. LO	CATION — City or	Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	<u> </u>	crelanc	ISMORN	AT 6	HIA	SKr.III	E LIARYLAND		
	100	X		EVANS CH	TEGAL	12/170	JORILS			
	23. PART I. Enter tha diseasea, pr com	entioning that sound to	ho doeth Do ant	8800 H	ARFO	RO KO	20 - ra	rekvills		
	shock, or heart fallure. List	only one cause on each	h iina.	mitar the mode of dying	g, such as c	ardiac or respi	retory arreat,	Approximata Interval Batween		
	disease or condition resulting in death) BRAIN DEATH									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, T. BRAN HSPOPERFUSION 72 Krs									
ATI	tif any, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other significant conditions of	ontributing to death but	not resulting in th	e underlying causa giv	ven in Part i			4b. WERE AUTOPSY FINDINGS		
DIC.						1 TYES 2	N 4	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME							^	1 D YES 2 DNO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
Sic.		OSPITAL: Vinpstient 2 - ER/Outpsti		HER:						
Ή.	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Real		ther (Specify) DESCRIBE HOW II	JURY OCCURED			
ВУР	1 Natural 5 Pending 2 Accident triveatigation	(Month, Day, Year)	INJURY	M 1 YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	, factory, offica		OCATION (Street a	nd Number or Rure	al Route Number,		
COMPLETED	an orange A									
MPI	(Check only one) 2 MEDICAL EXAMINER: O	N: To the best of my knowled								
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER					ena piace, en				
BE	BAShin	el Pl	5-YTT	L3SS	SE NUMBER		► 9/1	ED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print).			1/10	711		
	to Alshuman	JHH. P	115/94							
}	SEP 2 3 1994	132. REGISTRAR'S SIGNATI	URE							
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TRAR	CERTIFICATE OF DEATH REG. NO.

		1 - STATE OF MARYLAND / CE	DEPARTMENT OF HEALTH	H AND MENTAL ATH	HYGIENE REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH ANNA MILLER		MONTH		3. TIME OF DEATH					
		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	birthday) IF UNDER 1 YEAR IF UNDE	ER 24 HRS. 7, DATE		9. 15 A M BIRTHPLACE (State or Foreign					
9		217-16-0280 10M2XF 70	YRS. MONTHS DAYS HOURS	(14-4	, Day, Year)	Country) MARYLAND					
3 should	œ	99. FACILITY NAME (If not institution, give street end number) 3522 HISS AVE	96. CITY, TOWN OR LOCAT		9c, COUNTY	OF DEATH					
2,	CTO	RESIDENCE OF DECEDENT			DAL						
physician. burial-transit permit. Pages 1,	DIRECTOR	Md Balto,	PARKVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
t permi	RAL	100. STREET AND NUMBER 3522 HISS AVE	101. ZIP COE		10g. CITIZEN	OF WHAT COUNTRY?					
physician. burial-transi	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM	ED 13. WAS DECEMBENT	21234 OF HISPANIC ORIGIN	? (Specify Yee or No.— 14.	BACE — American Indian.					
	BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 NC IF YES, GIVE WAR OR DATES	If yes, specify Cub 1 ☐ YES 2 🔏 NO	ben, Maxicen, Puerto F		Black, White, etc. Specify:					
as	<u>a</u>		EDENT'S USUAL OCCUPATION	16b.	KIND OF BUSINESS/INDUST	WHITE					
	LET	Elementary/Secondary (0-12) College (1-4 or 5+)	n kind of work done during most of work to NOT use retired.)		HOME						
the hospital or detached for u	COMP	17. FATHER'S NAME (First, Middle, Last)	DUSWIFE 18. MOT		fiddle, Maiden Surname)						
9 5 5 K	BE C	PHILLIP KOSIOREK		ANNA	KONOPAC	Ki					
s retained to 5 should notified	2	GEORGE M. Miller 300.	MAILING ADDRESS (Street and Number 522 Hiss A	oer or Rural Route Numb		1234					
e 6 may be ector, page must be		20a METHOD OF DISPOSITION 20b. PLACE AN	DD DATE OF DISPOSITION (Name of etory or other place)	DATE	20c LOCATION — City	or Town, State					
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
w w		Reset CO Gover EVANS CHAPEL OF MEMORIES 8800 HARFORD Rd. Bulto, Md. 21234									
hours after ded in by the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiec or respiratory arrast, ahock, or heart failure. List only one cause on each line.									
fill fill on.		IMMEDIATE CAUSE (Finel Onset and Death									
within npletel crema		disease or condition resulting in death) a. Cholomaio con Cinoma Due To (or As Consequence of):									
and and bur	NO	Sequentially list conditione, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
ysician prior t	CAT	cause. Enter UNDERLYING CAUSE (Disease or injury									
certi nding Hygie	CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
e death he atte Mental	AL CE	PART II. Other eignificant conditions contributing to death but not re-	suiting in the underlying ceuse	given in Part I	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
that ed b th an	OICA				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
w requires that been signed but, of Health ar shows any	ME	DID TORACCO LISE CONTRIBUTE TO CALIFF				1 _ YES 2 _ NO					
has the Dept	PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL		DEATH (Check only one	p)						
	YSIC	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nursing Home 5	naaldence 8 - Other	(Specify)						
PHY: this with		1 Netural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2		CRIBE HOW INJURY OCCUR	EO					
ATTENDING I ECTOR: After s after death	ED BY	2 Accident Investigation 3 Suicida 5 Could not be determined determined		281, LOCA	ATION (Street and Number or For Town, State)	Burel Route Number,					
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	LETE										
サインド	COMPLET	CENTIFIER CERTIFVING PHYSICIAN: To the best of my knowledge, deat Check only MEDICAL EXAMINER: On the best of examination and/or in				ouse(e) and manner ee stated.					
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: 1	BE C	Ob. SIGNATURE AND TITLE OF CERTIFIER		CENSE NUMBER		GNED (Month, Day, Year)					
5 5 3 M	5	30. Name AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		4	ν					
		DR George VRANIAN 206	E. Eager St.	BALTE	Md. 21	202					
		31. OATE FILED (MONTS) DOUTEN									

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TO THE HOSPING OR WITH DING PHYSICIAN: The law requires that the death certificate be executed with Couns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUN AND INSECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with 72 cours in death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT LIBER 24 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		C	ERTIF	CATE C	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	EATN	3.	TIME OF DEATH
	JOSEPH		MERE	ELD			SEPT.	19, 19	94 1	L:20 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YE	1	7. DATE OF BII (Month, Day,		8. BIRTHPLA	CE (State or Foreign
	215-09-9812	1 🔀 M 2 🗆 F	79	YRS.	MONTHS DA	rs HOURS MIN.		6/1915		ARYLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCATION OF C			UNTY OF OEAT	
e l	7211 PARK HE	IGHTS AVE	, APT 40)4	BALT	MORE SALTIMORE				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT									
DIRECTOR	MARYLAND 106. COUNT				, town on L LTIMOF				10	I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER									YES 2 NO
RA	7211 PARK HEIGH	rs ave. , ,	APT. 40	4		101. ZIP CODE 21208		10g. CI	TIZEN OF WHA	COUNTRY?
FUNERAL	11. MARITAL STATUS								USA	
	1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2	RMED NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic			14. RACE — Black, W	Americen Indien, hite, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES **	•	1 🗆	YES 2XXNO Speci	ty:		Specify:	WHITE
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL OCCU	PATION	16h KIND	OF BUSINESS/IN	HOUSTRY	WIIII
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	- (C	Sive kind of w e. Do NOT us	rork done durin	most of working				
P	12	conege (1-4 or 3 +)	S	ALESP	ERSON		CLO	THING		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle,	Maiden Surname)		
	BERNARD MEI	RFELD, SR.	•			HILD		FÍ	SHER	
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str	eet end Number or Rural	Route Number, Cit	v or Town, State, Z	Zip Code)	
5	MRS. SYLVIA MERFI	ELD				EIGHTS AV				21208
	20gr. METNOD OF DISPOSITION				F DISPOSITION			20c. LOCATION -		
	1 The Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	BALT	amatory or ot.	her plece) HEBRE	w 9/21/9	4	REISTE	RSTOWN	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-,		22, NAM	E AND ADDRESS OF F	ACILITY		100101111	
	> allense	ee Te	un	200		LEVINSON				
\neg	23. PART I. Entar tha diseases, Dr	complications that	causad the d	eath. Do n	16010	D REISTERS	TOWN RD	BALTI	MORE,	MD 21215 Approximate
l	ahock, or haart failure.	List only one caus	e on aach lin	е.		,,	,,,	n tomphatory a	irrost,	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	00	01	0	2 MA	60				Onaet and Death
ŀ	resulting in death)	a. DUE TO (C	OR AS A CONSE			.01				14 1.100
-										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	OUENCE OF):					
8	cause. Entar UNDERLYING CAUSE (Disease or Injury	c.								
E !	that initiated evants	DUE TO (C	R AS A CONSE	QUENCE OF):					
E	resulting in death) LAST	d								
	PART II. Other aignificant condition	s contributing to d	eath but not	resulting is	n the under	ving cause given ir	Part I 24a	WAS AN AUTOPSY	/ 245 WE	RE AUTOPSY FINDINGS
MEDICAL					. are ander	ying cause given ii	240.	PERFORMED?	AMA	ILABLE PRIOR TO MPLETION OF CAUSE
							_ 10	YES 2 NO		DEATN?
	DID TOBACCO USE CONTI	DIDLITE TO CALL	ICE OF DE	TII VE	C \square NO				1	YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU			N (Check office	UNCERTAI	иП			
PHYSICIAN:	EXAMINER?	HOSPITAL:		T	OTHER:					
¥∥	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIME		INJURY A		NOW INJURY OF	CCLIBED	
۵.	27. MANISER OF DEATH	(Month, Day,	Year)	INJU	JRY	WORK?			000.120	
> 1	1 Natural 5 Pending									
BY	1 Natural 5 Pending Investigation	28e. PLACE OF	INJURY — At he	ome, ferm, s	treet, factory,	office	28f. LOCATION	(Street and Number	er or Rumi Route	Number
	1 Natural 5 Pending	28e. PLACE OF building, et	INJURY — At he	ome, ferm, s	treet, factory, o	office	28f. LOCATION City or Town	(Street and Number, State)	er or Rural Route	Number,
	1 Natural 2 Accident 5 Pending Investigation 3 Suicide 4 Nomicide 8 Could not be determined	building, et	ic. (Specify)				City or Town	n, State)		Number,
	1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	CIAN: To the best of m	ry knowledge, de	esth occurre	d at the time,	date end place, end du	City or Town	n, State) and menner as st	ated.	
COMPLETED	1 Natural 2 Accident 3 Sulcide 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m	ry knowledge, de	esth occurre	d at the time,	date end place, end du	o to the cause(s) of time, date and p	n, State) and menner as st	ated.	
	1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	CIAN: To the best of m	ry knowledge, de	esth occurre	d at the time,	date end place, end du	o to the cause(s) of time, date and p	end menner es st	ated.	1 menner es stated.
E COMPLETED	1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of m	ny knowledge, de	esth occurre	d at the time,	date end place, end du	o to the cause(s) of time, date and p	end menner es st	ated. the couse(s) end	1 menner es stated.
BE COMPLETED	1 Natural 2 Accident 3 Sulcide 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m	ny knowledge, de	esth occurre	d at the time,	date end place, end du	o to the cause(s) of time, date and p	end menner es st	ated. the couse(s) end	1 menner es stated.
BE COMPLETED	1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of m	ny knowledge, de mination end/or DF DEATN (ITE	esth occurre	d at the time,	date end place, end du	o to the cause(s) of time, date and p	end menner es st	ated. the couse(s) end	1 menner es stated.
BE COMPLETED	1 Natural 2 Accident 3 Suicide 4 Nomicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30 NAME AND ADDRESS OF PERSON AND	CIAN: To the best of mR: On the bests of example CAUSE	ny knowledge, de mination end/or DF DEATN (ITE	m 27) (Type,	d at the time,	date end place, end du	o to the cause(s) of time, date and p	end menner es st	ated. the couse(s) end	1 menner es stated.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last) SULAIMAN NEI	SON			AY 1994 YEAF	3. TIME OF DEATH 8;45 a M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 217−17−1388 1/2 M 2 ☐ F		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 3, 19	6, Bif	RTHPLACE (State or Foreign unity) ONX, NY					
	9e. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF C		9c. COUNTY O						
DIRECTOR	32 S. RITTERS LANE		OWINGS MILI	LS	n	/a					
REC	10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
	MARYLAND n/a	B	ALTIMORE -OWING	S MILLS		1 TES 2 NO					
FUNERAL	32 S. Ritters LANE	-	101. ZIP CODE 21117		UNITED	STATES					
B	11. MARITAL STATUS 1. MARITAL STATUS 12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 LINO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 YES O Specify	en, Puerto Ricen, atc.)	B	ACE — American Indian, lack, White, etc.					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 TH 2 Years		UAL OCCUPATION (done during most of working bilred.)	16b. KIND OF BU	SINESS/INDUSTRY	Y					
NO.	17. FATHER'S NAME (First, Middle, Last)	uren	-	AME (First, Middle, Maiden	Sumamal						
ш	GODFREY NELSON			REN MILES							
TO B	19e. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural			AND 21117					
	KAREN NELSON 200. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	RITTERS LANE, OU		CATION — City or						
	1 ☐ Buriel 2 🖄 Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	COMMETRU CRES	TATORY		TONSVIL						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	eatt	22. NAME AND ADDRESS OF FA		ST- 4300	WABASH AVE					
	23. PART I Enter the discusses, or complications that contained the second seco	aused the dasth. Do not on each lina. XIGT/N hu AS A CONSEQUENCE OF):		ch as cardiac or reap	iratory arrest,	Approximate interval Batwean Onset and Death					
CERTIFICATION	Sequantially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
AL 0	PART ii. Other algoriticant conditions contributing to de	ath but not rasulting in	the underlying causa givan in	Part i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
DICAL	- Mine			1 TYES 2	/	COMPLETION OF CAUSE OF DEATH?					
ME	DID TODACCO LICE CONTRIBUTE TO CALL	T OF DEATH AGE		'	'	1 YES 2 NO					
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUS 25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH		N L I							
SIC	EXAMINER? HOSPITAL: 1 Inpatient 2 EF		THER: Nursing Home 5 Reeldence	6 Other (Specify)							
	27. MANNER OF DEATH 28e. DATE OF INJ (Month, Day, 1) Natural 5 Pending	URY 28b. TIME O	WORK?	28d. DESCRIBE HOW I	HURY OCCURED						
BY	2 Accident Investigation 28e, PLACE OF IN	JURY — At home, ferm, stre	M 1 YES 2 NO	281, LOCATION Subot	A DOLP	al Route Number,					
COMPLETED	8 Could not be datermined building, stc.	Hone		281. LOCATION (Stoot City or Town, State)	PERO - TAN	he /					
<u> </u>	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beet of my	knowledge, death occurred a	t the time, date end piece, end due	to the ceuse(e) end me							
SON	one) 2 MEDICAL EXAMINER: On the besis of exam	ination end/or investigation, i	n my opinion, death occured at the	time, date end place, en	d due to the ceus	e(e) end menner ee atated.					
TO BE (See Signature and title of certifier	he D Bram libe	29c. LICENSE NU	MBER 1085	29d. DATE SIGN	ED (Month, Day, Year)					
	5 tenleu 2. Resember NO	F DIATH (ITEM 27) MPD PH	anoth 21200								
- 1	31. DATE FILED (Month, Day, Year) /32. REGISTRAR'S		MB 41 4110 /								

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permit. FUNERAL 10e. STREET AND NUMBER the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Mental Hygiene prior to burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) notified at BE 19e. INFORMANT'S NAME (Type/Print) 9 Misun Lu pe must 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE examiner ours after death. Bryan W. Clark medical IMMEDIATE CAUSE (Finsi the disease or condition reaulting in death) event, OF VITAL RECORDS, P.O. BOX 68760. requires that the death certificate be executed with other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST 6 Injury, MEDICAL has been signed by the Dept. of Health and I shows any PHYSICIAN: HYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL Item State certificate 1 - YES 2 - NO 6 the 27. MANNER OF DEATH marked, with 1 Natural investigation BY SION 2 Accident 3 Suicide COMPLETED Could not be 4 Homicide 29e. CERTIFIER TO THE HOSPITAL
TO THE FUNERAL
DE filed within 72 M
IMPORTANT: If III (Check only one) 2 MEDICAL EXAMINER

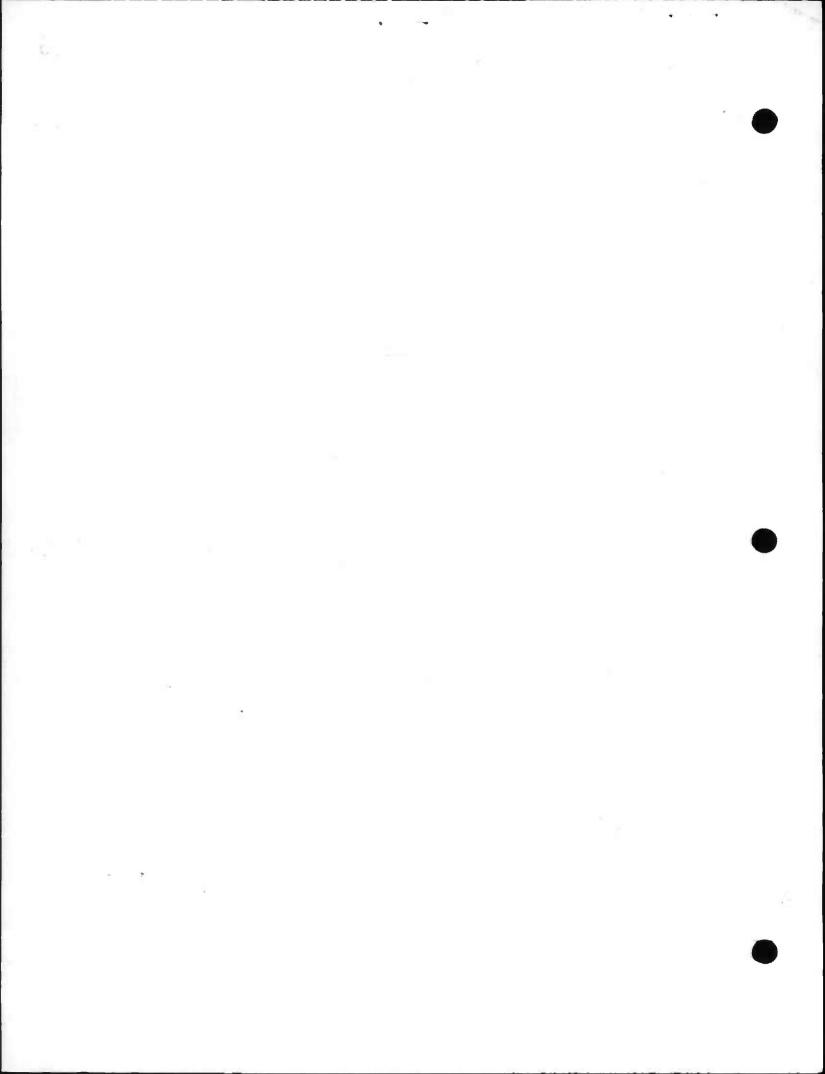
SEP 23 1994

Pages 1, 2, 3 should

Item#16a Per F.H. Film# G-715 09/23/94 R.M. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Sept. 21,1994 Benjamin Inchan 0ak 1:30 P 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Month, Day, Yea 067-56-1014 1 X M 2 - F 77 CHINA YRS 1917 9e. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 313 Meadowcroft Lane Lutherville BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE LUTHERVILLE 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? 313 Meadowcroft Lane 21093 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: Specify: Specify: ASIAN 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Caroo Inspector 5+ Shipping 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Sung Bin Oak Il Park Shin 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 313 Meadowcroft Lane, Lutherville, MD 21093 20s, METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of S SEPT. 20c. LOCATION — City or Town, State Dulaney Valley Mem.Gardens Timonium, MD 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd. Timonium, MD 21093 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death estan 10 DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24h WERE ALTOPSY FINDINGS PERFORME AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 8 Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, strast, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end pieca, end due to the cause(s) and menner as stated. ation and/or investigation, in my opinion, death occured at tha time, date end piece, and due to the cause(a) and manner as stated. 29h. HIGHATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Monti BE 285 23 2 VHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ruth Kantor, M.D., Suite 210 Physicians Pavillion West, Towson,

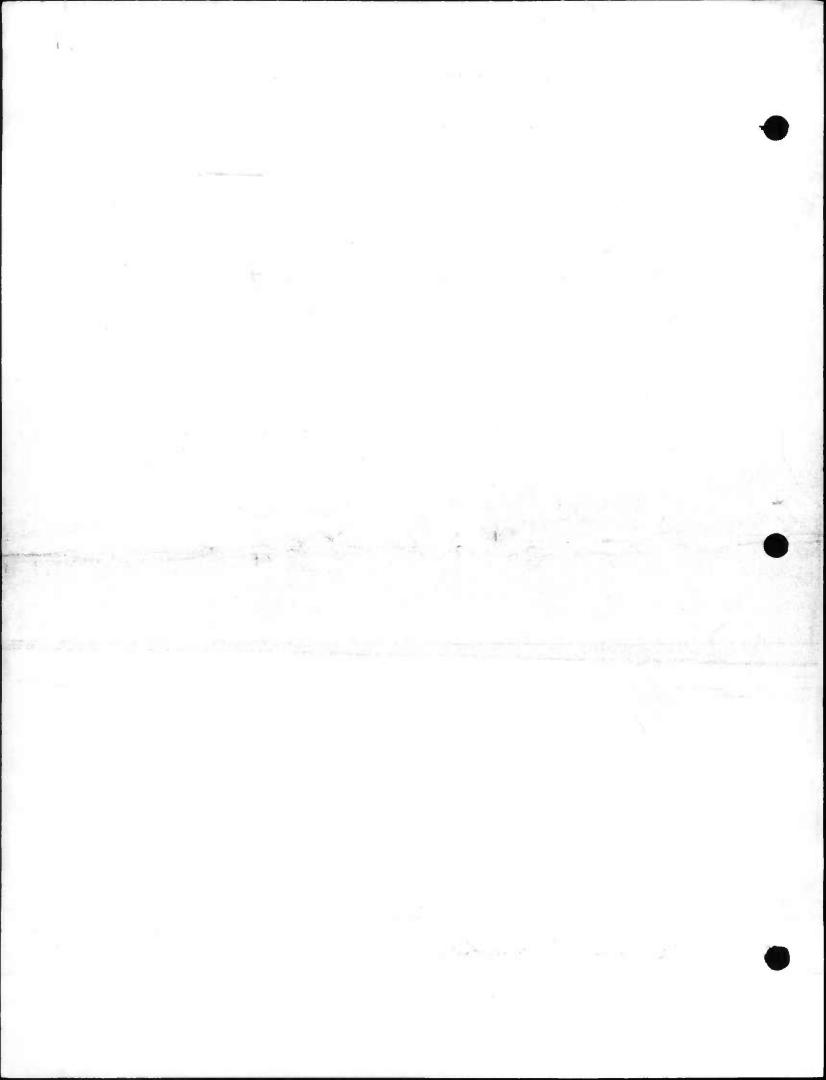
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Item#1,6,7 Per F.H. Film# G-715 09/23/94 R.M.

		STATE STATE CF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) CARROE GILES PINKETT 2. DATE OF DEATH MONTH DAY YEAR 633 PM
P		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1
2, 3 should	LOR	Good Samaritan Hosp. Se. CITY, TOWN OR LOCATION OF DEATH Balto
30es 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, THINK OR LOCATION, 10d. INSIDE CITY
permit. Pages	_	10e. STREET AND NUMBER
. sut	FUNERA	4700 Hartard Kd 21214 U.S.A.
215-0020 attending physician	B⊀	1 Never Married 2 Married 3 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO Specify: 1 Yes, specify Groben, Mexican, Puerto Rican, etc.) 1 Yes, specify Groben, Mexican, Puerto Rican, etc.) 1 Yes 2 NO Specify: 1 Yes 2 NO Specify:
212 al or ath for use	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementand Specify only 15 College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done durling most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
YLAND by the hospit be detached at once.	BE CO	Danue Girst, Middle, Last) Giles Saah Fillad
be retained ge 5 should e notified	10 8	Sarah E. Watts 1019 N. HShbwtm of Batto, md 21216
may pa		200_METHOD OF DISPOSITION Description D
0 =		21. SIGNATURE A PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ACCH F. H-West Ave 43.00 Wasbash Ave
24 hours aft filled in by on, or remo		23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, anock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition
s760, ted within 24 completely fille ial, cremation,		disease or condition resulting in death) a. Urderusclarate Caronary arterydexease OUE TO (OR AS A CONSEQUENCE OF):
OX 68 be execution to bur	ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING
certifical nding phy Hygiene r	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST
E Se e		PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
RECORI requires that the sen signed by of Health and shows any in	MEDICAL	PERFORMED? 1 YES 2 NO AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The law ate has be tate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
F VITA SICIAN: The certificate to the State 1 I, or item	YSIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 29. TIME OF Lab. INJURY AT Lab. PERCOURS HOW INJURY ADDRESS.
ON OF DING PHYSIC After this ce death with th	ВУ РН	1 O Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
28 I SE	ETED	3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 HOURS TANT: If Item	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 t	B	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 120. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
	6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) M-C-KOWA LEWS (CIMI) 8604 HARFORD NA BALTO. MD 21234
		SEP 2 3 1994 July 1000 38, REGISTRAR SPIGNATURE
		DHMH.16 Ray 1789

Called Susan Drews-542-2400 Asked her to call Dr. Nowalushi 332-9000 to sign D.C. for Carrie Penkette + we would release some



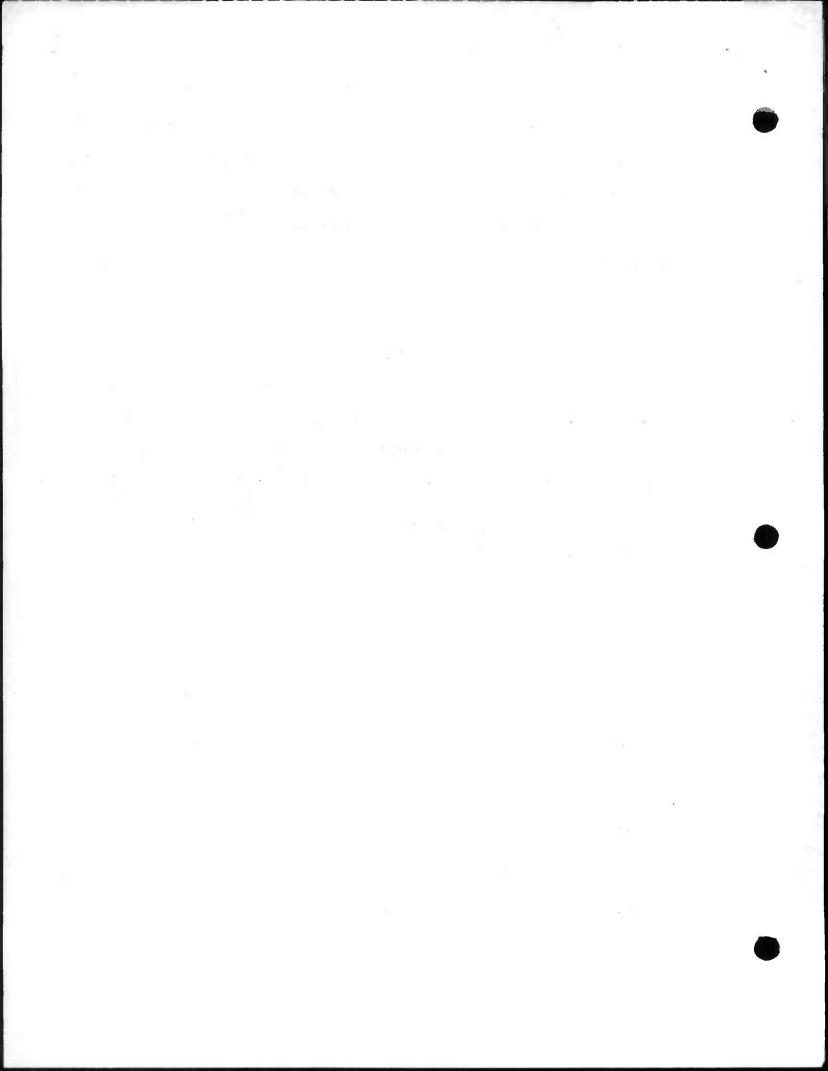
BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPUKIANI: IT ITEM 28 IS MARKED, OF ITEM 23 SNOWS ANY INJUTY, OF OTHER TRAINFAIL EVENT, THE MEDICIAL EXAMINET MUST DE NOTIFIED AT ONCE.
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STATE OI	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CEDTICIOATE	OF DEATH	

	REGISTRAR				FRIIF	ICAL	CUT	DEAL	П		REG. NO.			
ł	1. DECEOENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMB	IED .	RAYMOND 5. SEX		PALOM		- up:-			Sept.		1994		M
	SOUTHE SECURITY NUMB	rurt	77.77	6. AGE (In yrs. la		IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF (Month, E	BIRTH lay, Year)		8. BIRTH Countr	PLACE (State or Foreign
Ì	164-20-6829		1 XM 2 F	66	YRS.		uni a	ons		Jan.		928	_ == . 767	Pa.
	9e. FACILITY NAME (If not in		9b. CITY	, TOWN C	OR LOCATION					NTY OF D				
œ										ındalk				
2	31 Township	Rd.				_ -B	alti	IIIOIF					Balt	imore
DIRECTOR	10e. STATE	10b. COUNTY	,		100 CIT	Y, TOWN C	OR LOCAT	TION .						
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	Ma.	Dal	CIMOLE			*E	Children	EINGALE:						1 YES 2 NO
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ΞI	11. MARITAL STATUS	2100	12. WAS DECEOEN	F EVER IN II C AI	DMEO	42	WW C DEC						_	
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릴	12			Ge	neral	For	man			Be	thleh	nem	Stee	1
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	IER'S NAI	ME (First, Mide	tle Mairton	Sumame		
			Dalamba										200 a J	0.30
8	Frank		Palombo							ne E	- 4		reat	er
0	190. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	loute Number,			Code)	
	Mrs. Helen	W. Pa	lombo		31	Tow	nsh	ip Ro	ad	Dund	alk.	MD	2122	2
	20a. METHOD OF DISPOSITI	ON		20b. PLACE						DATE	7	CATION -		
	1 ← Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, cri	omatory or o	ther placa)		9/23	191	i i		sey,	-	1,1
- 1	21. SIGNATURE OF FINDSAL		ENGEE /	1700	OWLIG	.Mr	NAME AL	D ADDRES			1 201	. SCY ,	rice.	
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	23. PART I. Enter the di	eeeaea or o	omniicationa that	caused the d	neth Do n	/ / ot arter	922	Wise	Ave	. Du	n.aax.k	MD	71	
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- (1	IMMEDIATE CAUSE (Fin	ei		1	Λ	/	0 /							Onaet and Death
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7	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	DOA	OTHER		5 ☐ Re	sidence (6 Other (S	pecify)			
£	27. MANNER OF OEATH		26a. OATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. OESCR	-	URY OCC	UREO	
		Pending	(Month, Da	y, rear)	INJ	URY M	1 \(\)	RK? 'ES 2 🗌	NO					
ă I	- I recident	nvestigation	28e PLACE OF	IN HIRV ALE		4			,					
3 I		Could not be	building,	INJURY — At he ofc. (Specify)	ome, term, s	treef, fect	ory, office			28f. LOCATION OF T	ON (Street a. own, State)	nd Number	or Rural R	oute Number,
	- I Homiside 0	latarmined												
? [29e. CERTIFIER CERTI	FYING PHYSIC	CIAN: To the beat of	my knowledge, de	eath occurre	d at the ti	me, date	end place	and due t	to the caused	a) and men	Der en wirt	ad	
COMPLEIED														and manner ea stated.
3						., my o	- amont, Ot	Julian		re, ustų 404	, preva, and	aua to th	- ceuse(8)	and manner 48 stated.
u II	296. SIGNATURE AND TITLE	OF CERTIFIER	0	1				29c. LICE	NSE NUM	BER		29d. OATE	SIGNED	(Month, Day, Year)
	4.1	11105	6 4	1/25		m)	DI	940	99	l	19	12	194
- II	30. NAME AND AGORESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type.	Print)		-	-	-/-		-//	/ \ \	111
	Dr. William			55 Fall		11.2								
	31. DATE FILED (Month, Day,)				o nu.									
				N'S SIGNATURE	0 .									
	SFP	23 100	1 Jaly	Murden	- Korda	Ц								1
		HALL BENEF					•							



FOR STATE REGISTRAR

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	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
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MINION OF VITAL RECORDS, P.O. BOX 68760,	artifica
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CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PEAX MONTH 5 MEShip 253 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign NONE HOURS 1 - M 2 X F YRS permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH COUNTY OF DEATH SF AC-DIRECTOR 10e. STATE PUNCE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY CAPITO GEONGES HETGHT 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6920 MILL WALKER use as the burial-transit 207 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEE FORCES? 1 YES 2 PHO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuban, Maxicen, Pu 1 TES 2 NO Specify: BY IF YES, GIVE WAR OR DATES Specify: BLACK 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Q Py (0-12) College (1-4 or 5+) NONE NONE detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) director, page 5 should be ĕ PeA notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MEDICIAL RECON BATTMORE 900 21229 MOON AVENUE MD pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF PUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. funeral 4107 WILKENS AVENUE-BALTIMORE, MD. by the removal. 21229 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. ŏ Interval Between IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, the disease or condition ALBICANS CANDIDA 2 DAY 9 resulting in deeth) event. DUE TO (OR AS A CONSEQUENCE OF): and con burial, heman con SEVENE traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 the atten Mental Ishows any injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS signed by t Health and PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO been t. of PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate to the State I HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investigation 1 YES 2 NO BY After 2 Accident 26e. PLACE OF INJURY — Al home, farm, atrest, fectory, office building, etc. (Specify) 3 Suicide 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED thour after of 6 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. MPORTAN 296 SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 高品品 585 B 5/31 0 223 9 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BIRENISAUM, MID AGNES 200 SCA COTTON BATIMOLE AVENUE 2122 MIX 31. DATE FILED (Month, Day, Ybar) 2 3 1994

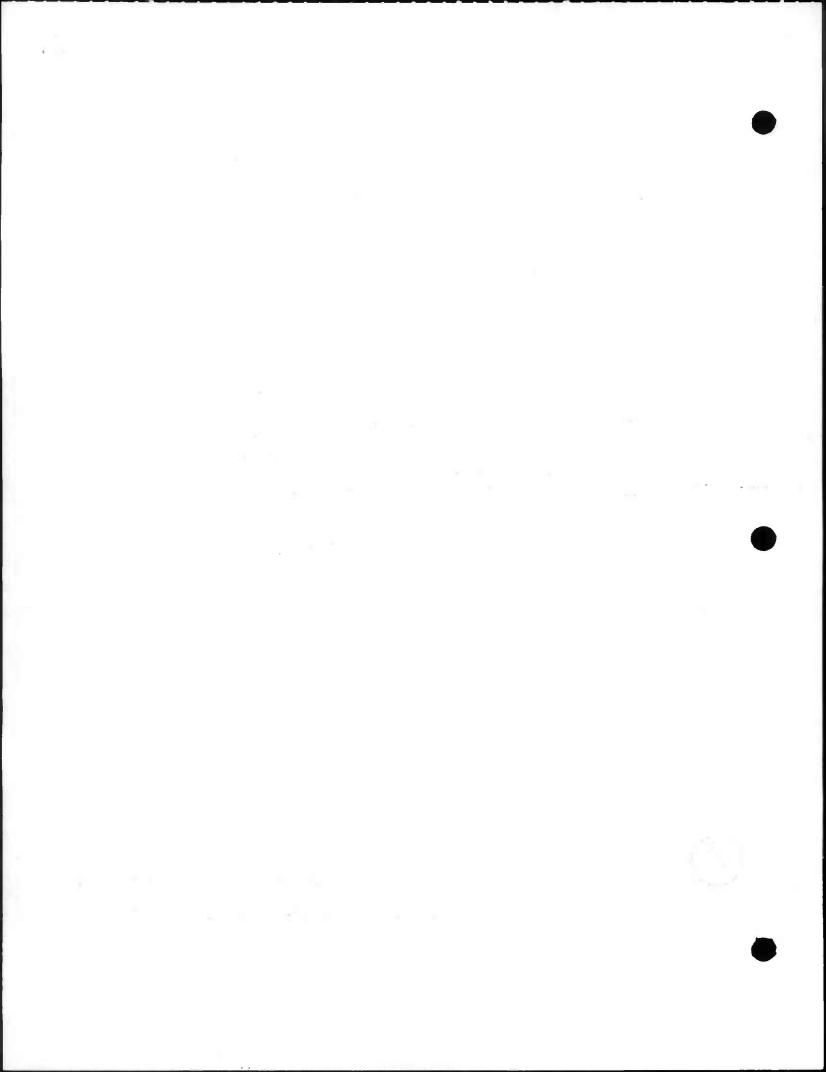
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ITEMS: 23 PART I,27,28a,b, ,d,e,f PER MEO G-715 9/28/94 reb

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LYNN PAHL SEPT. 94 8:55 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-48-5048 DAYS HOURS nth, Day, Year) 1 - M 2 X F YRS. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR CHURCH HOSPITAL E.R BALTIMORE CITY 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md BALTIMORE 1 XYES 2 NO permit. FUNERAL 10a STREET AND NUMBER 101, ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? PATTERSON S 21224 funeral director, page 5 should be detached for use as the burial-transit PARK Ave JSA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: B∀ 3 Widowed 4 Divorced ITE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5 +) BANKING 12 TELL ER 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) William notified at AHI MARION ADAM = C B 19a. INFORMANT'S NAME (Type/Print) 21204 2 PAHI APT 1410 Towson, Md MARION Pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - Cify or Town, State must or other place Cemetery 9/20/2 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND AGORESS OF FACILITY EVANS Chape of Chimes urs after death. Timonium, Md. 21093 **a3**a5 YORK Rd and completely filled in by the 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or haart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition COCAINE INTOXICATION event, 1 reaulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): burial. traumatic CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING or other CAUSE (Disease or injury that initiated evants QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 TNO this certificate has been with the State Dept. of P. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) Itеm OTHER: XX YES 2 NO 1 | Inpatient 2XXER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) FOUND: 9/17/94 10 INJURY A 27. MANNER OF DEATH marked, 28c. INJURY AT WORK? 26d. QESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO DIRECTOR: After the burs after death v ВҰ HNKNOWN Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 410 S. PATTERSON PK.AVE. RALTIMORE CITY 3 Sulcide .00 MPLETED 6 C Could not be 4 Homicide 28 determined FOUND: AT HOME BALTIMORE Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) FUNERAL Weben 72 8 = 25 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 00-40 THE FUNER Flied within 7 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 뿚 O.C.M.E ▶ SEPT. ,1994 2 2 3 0 PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) RELLMM111 Penn Street, Baltimore, Maryland 21201 MINO 32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

DIRECTOR

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CERTIFICATION

MEDICAL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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permit. burial-transit the hospital or attending physician. use as the L page 5 should be detached for Once. notified at be must director, examiner the attending physician and completely filled in by the funeral Mental Hygiene prior to burial, cremation, or removal. medicai the event. traumatic other 6 signed by t Health and any Shows has been s Dept. of H 23 Item certificate h 6 with 1 marked. After t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME /First Middle Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RAFFEL SHIRLEY 9-19-1994 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 FF 215-05-8515 84 8-10-1910 RUSSIA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN BEL AIR CONVALESCENT CENTER BEL AIR HARFORD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE BALTIMORE 1 - YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 100 CITIZEN OF WHAT COUNTRY? 21208 11 SLADE AVENUE, APT. 112 27200 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yea, specify Cuben, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: Specify 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 pr 5+) 12 HOUSEWIFE AT HOME 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) DAVID KAPLAN LENA SNYDER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. MARTHA PATRICK 1661 JARRETTSVILLE RD, JARRETTSVILLE, MD 21084 20a. METNOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State XBuriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) cametery, crematory or other place) BETH EL 9-22-94 RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD., BALTIMORE, 28. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervei Between IMMEDIATE CAUSE (Final Onset and Death disease or condition - Denetin severe 0 resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if env. leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DE DEATN? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) 1 - YES 2 - NO OTHER Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Noma 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, DZG 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS,	(
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an analysis of the forable of the hospital or attending physician.

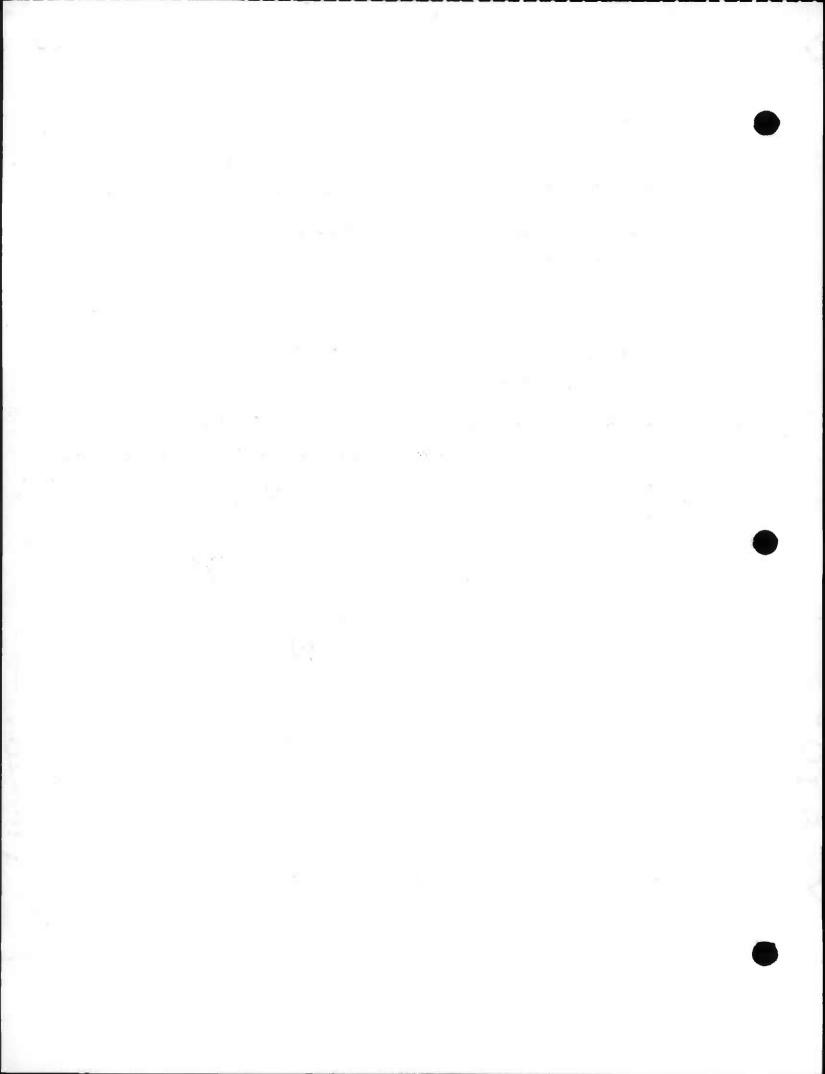
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle,	Last)	-		2. DATE OF DEATH MONTH DAY	VEAD	3. TIME OF DEATH
	LAND STANSFIE	LD			. 1994	2 P.M. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		HPLACE (State or Foreign
219-16-5378	1 X M 2 □ F 6	9 YRS.	NTHS DAYS HOURS MIN.	Oct.14,192		sterstown,Md
90. FACILITY NAME (If not institution, 109 Geroed		98	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF E	DEATH
RESIDENCE OF DECEDEN			Reisterstown	1	Bali	timore
10a. STATE 10b. CC		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
Md.	Baltimore		Reisterstown			LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
109 Geroed	Ave.		2	21136		USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 K YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexica: 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Blac	E — Amaricen Indian, k, White, etc. 11te
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	18e. DECEDENT'S USI	UAL OCCUPATION done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)			
High School		oper	rator Engineer			
17. FATNER'S NAME (First, Middle, Las Edward L.				ME (First, Middle, Maiden Su	rname)	
				Geist		
19e. INFORMANT'S NAME (Type/Print)		1	press (Street and Number or Rural F roed Ave. Rei			26
Mrs. Joycelyn 1				sterstown,		
1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State CO	metery, crematory or other	place)	1	TION — City or To	
21. SIGNATURE OF FUNERAL SERVICE		Saliuli Cle	emation Service	HITY	lampstea	
LR	0					erstown Rd.
amex	Line		Eline Funeral			m, Md. 21136
21. PART i. Enter the diseases ahock, or heart fell the control of	e. List Dniy Dna cauae Dn	ach line.		n as cardiac or reapiral	tory arreat,	Approximata interval Batwean Onset and Death 3 MV
Sequentially list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	A CONSEQUENCE OF):				
PART II. Other eignificant cond	litione contributing to death	but not resulting in t	the underlying ceuee given in	Part i. 24a. WAS AN AU PERFORMS 1 YES 2 5	ED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CO	INTRIBUTE TO CAUSE O	OF DEATH YES	U-NO UNCERTAIN	1 🗆		
25. WAS CASE REFERRED TO MEDIC EXAMINER?		26. PLACE OF DEATH				
1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Nursing Nome 5 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	26d. DESCRIBE NOW INJ	URY OCCURED	
1 Natural 5 Pending 2 Accident Investiga	ition		M 1 YES 2 NO			
3 Suicide 6 Could no	building, atc. (Soe	Y — At home, ferm, street ecify)	et, fectory, affice	281. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
one)			t the time, date end place, end due			
2 MEDICAL EX		on end/or investigation, li	n my opinion, death occured at the	time, date end place, end o	fue to the ceuse(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CER	E Randel	ed n	00 29c, LICENSE NUM	BER 2	DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSO				LUTHE	ومادده	mo) = 1393
31. DATE FILED (NONE), Day, 19794	32. REGISTRAR'S SIGI	NATURE				- 0

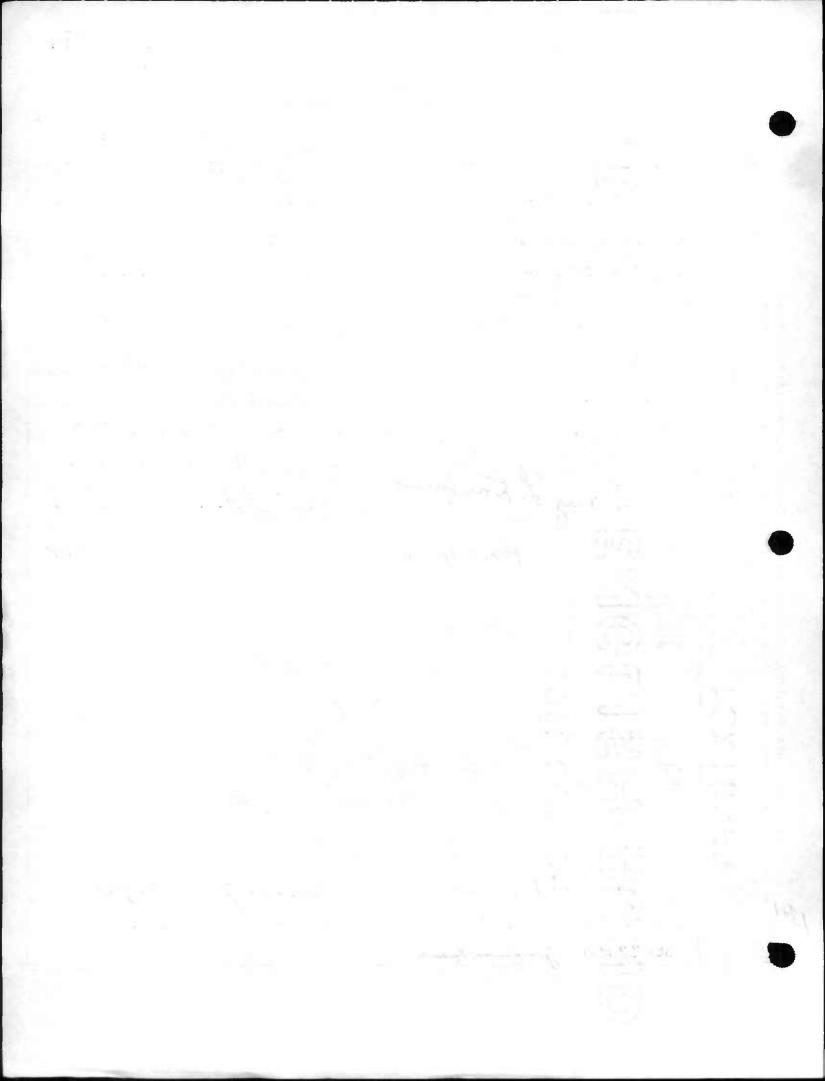


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once. TO BE COMDITTED BY ELIMEDA! DIDECTOD	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical per content of the medical pe
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	E OF MARYLAND / DE CER			EALTH AND N	IENTAL HYGIENI REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	Y YEA	3. TIME OF DEATH P	
	DANIEL T. ST				09 22	94	3:30		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birt	MONTH	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	C	IRTNPLACE (State or Foreign ountry)	
	185-14-9629 ¹ № M	12	rs.			07 23		ENNSYLVANIA	
DIRECTOR							E ARUNDEL		
EC.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN						10d. INSIDE CITY LIMITS?		
	MARYLAND ANNE ARUNDEL 10e. STREET AND NUMBER			GLEN BURNIE			1 Tes ZONO		
FUNERAL	108 1st AVENUE-W			101.	21061		U.S.A.		
5	505	DECEDENT EVER IN U.S. ARMEDICES? 1 XYES 2 NO						RACE — Americen Indian, Black, White, atc.	
ВУ		ES, GIVE WAR OR DATES					Specify: WHITE		
	15. DECEDENT'S EDUCATION	16a. DECED	ENT'S USUAI	L OCCUPATIO	Nastassa	16b. KIND OF BUS	INESS/INDUST		
COMPLETED	(Specify only highest grade completed Elementary/Secondary (0-12) College	(Give killer Do	ind of work do NOT use retire	ne during mos id.)	t of working	36-0116-78-7-48			
를 기	12	0 F	OREMA	/N		STEEL	FABRI	CATING	
8	17. FATNER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden			
BE	DANIEL T. STOR					IA STORM			
2	198. INFORMANT'S NAME (Type/Print) MICHAEL J. STO					LEN BURN			
					· · · -		CATION — City		
	20s. METHOD OF DISPOSITION Description 13 Removal from 4 Donation 5 Other (Specify)	State of cometary cre MARYLA						LLE, MD.	
	21. SIGNATURE OF FURERAL SERVICE LICENSEE	1	4.00		D ADDRESS OF FAC	ILITY			
RAYMOND C. FINK FUNERAL HOI 426 CRAIN HWY.S.W.GLEN BURI									
							Approximsta interval Between Onset and Death		
z		202 10 (811 110) 001102402							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUE	NCE OF):						
2	cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUE	NCE OED-						
Ē	that initiated events resulting in death) LAST	DUE TO (ON AS A CONSEQUE	NGE OF J.						
핑	d								
¥	PART ii. Other significant conditions contri	buting to death but not resu	iting in the	underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ö						1 YES 2	X NO	OF DEATH?	
M						_		1 🗆 YES 2 🗆 NO N/A	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		_	28. PL	ACE OF DEATN (Che	ck only one)		II/ A	
SIC		PITAL: patient 2 ER/Outpatient 3 II	DOA 4 🗆	HER: Nursing Nom	5 KResidence	6 Other (Specify)			
PHY	37	8. DATE OF INJURY (Month, Day, Year)	b. TIME OF	28c, INJ WO	URY AT RK?	28d. DESCRIBE NOW I	NJURY OCCUR	ED	
BY	1. Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO								
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)							tural Route Number,	
2LE	29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.								
OMI	(Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.								
BE C	296. SIGNATURE AND, TITLE OF CERTIFIES				29c. LICENSE NUN	BER	29d. DATE SK	INED (Month, Day, Year)	
TO B	Vyune 115	2			MO261	567	> 9/0	3/07	
F	30. NAME AND ADDRESS OF PERSON WHO COMPI	•			11000 -			21.063	
	PAUL YOUNG-HYMAN 31. DATE FILED (Month, Day, Year) 32	M.D.1600 S.(CRAIN	1 HWY	.#600-0	LEN BURN	IE,MD	. 21061	
	SEP 2.3 1994 A								



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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH MONTH DAY	3. TIME OF DEATH								
	Henrietta" Scalls 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lost high/day) BE HADER 3. VEAR BE HADER 3.4 ARR	9 16	44 7 10 Pm								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) F UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-10-05	8. BIRTHPLACE (State or Foreign Country)								
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF O		COUNTY OF DEATH								
DIRECTOR	GOOD SAMARITAN HOSP. BAUTIMO,	26									
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY								
E	MD BAUTIMORE PARKULLE		LIMITS?								
AL	10e. STREET AND NUMBER 10t. ZIP CODE	100	. CITIZEN OF WHAT COUNTRY?								
FUNERAL	2914 CHURCH RD 2123	4	U.S.A.								
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ON 11 yes, specify Cuban, Mexic 1 YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPA 11 yes, specify Cuban, Mexic	n, Puarto Rican, etc.)	0- 14. RACE — American Indian, Black, White, etc. Specify:								
	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINES									
4	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)										
COMPLET	SECRETARY	SOCIAL	SECURITY								
8		ME (First, Middle, Maiden Suma									
BE	74,										
2	A A A A A A A A A A A A A A A A A A A		one, Zip Code)								
	20a. METHOD OF DISPOSITION										
	4 Donation 5 Other (Specify) HOLY REDEEMEN CEM	5 Trak BAU	10. mD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF F	CILITY									
	Eugene J. Cutho & BBOO HARFEN	D RD. BAUT	10. md 21234								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, audahock, or heert failure. Liet only one cause on each line.	h es cardiac or respirator	ry arrest, Approximate								
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) e. CHF PUMOVATM CONTROL OF THE PUMO	1683110N	1 day								
_	disease or condition resulting in death) e. CHF PUMONARY CONGESTION OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
5	Sequentielly liet conditions, If any, leading to immediate										
CA	that initieted events Cause Chief to Immediate Cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events Cause Chief to Information Cause Chi										
E	that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	d. 4300D										
	PART ii. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in	Pert i. 24s. WAS AN AUTO PERFORMED									
PHYSICIAN: MEDICAL		1 YES 2	4 40150 571611 67 611167								
ME			t TYES 2 NO								
A.	25. WAS CASE REFERRED TO MEDICAL										
S C	EXAMINER? HOSPITAL: OTHER:										
H	1 ☐ YES 2 ☐ NO 1 ☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 27. MANNER OF DEATH 26s. OATE OF INJURY 26b. TIME OF 26c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCUPED								
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO	200. DESCRIBE NOW INJUR	1 OCCURED								
D BY	3 Suicida & Could set be 26e. PLACE OF INJURY — At home, term, street, fectory, office	28t, LOCATION (Street and N	umber or Rural Route Number,								
	4 Homicide detarmined building, etc. (Specify)	City or Town, Stete)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, end during one) 2 MEDICAL EXAMINER: On the basele of axamination and/or investigation, in my opinion, death occurred at the										
ПС	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU	MBER 29d	. DATE SIGNED (Month, Day, Year)								
∞ II	199 ms PGY-3 D464	40	SEPT. 16, 1994								
5	10. NAME AND ODDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (6000) SAMA	euthn Hospi	LOF MO								
	31. DATE FILEO (Month), Day Year) 32. REGISTRAR'S SIGNATURE	WILLIAM TUBI	- of . op.								
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury, or other traumatic event the medical examiner must be notified at once
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH YEAR ement toney 994 SEPT 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 2 M 2 | F DAYS 216-67-5152 HOURS 80 YRS. 15 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOSEPH HOSPITAL BAUTIMORE lowson RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE PARKVILLE 1 YES 2 40 FUNERAL 10e, STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 7839 BAG LEY 21234 ANE U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 UNO 1F YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced NHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) BETH GENERAL FOREMAN STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MQTHER'S NAME (First, Middle, Maiden Surneme) JOSEPH STONEY JARUSHUY BE 19e. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zip Code) 2 BAGLEY AUE. MARY Louise STONE 7839 BALTO, MD. 21234 20e. METHOD OF DISPOSITION
1 Burlat 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State CI)ZY PARK WOOD BACTO. MD 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARPORA RO UKERAL 21236 tare -VANS 23. PART I. Enter the diseases, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Concinoma to Liver / Liper Frilipe Metastatic reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Carcinoma une CERTIFICATION Sequentially list conditions. OUE TO (OR AS ACONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Diffuse Pancreatitis AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER** OTHER 1 YES 2 NO Inpetiant 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Raeldence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of exe restigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee atated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month,

athologist

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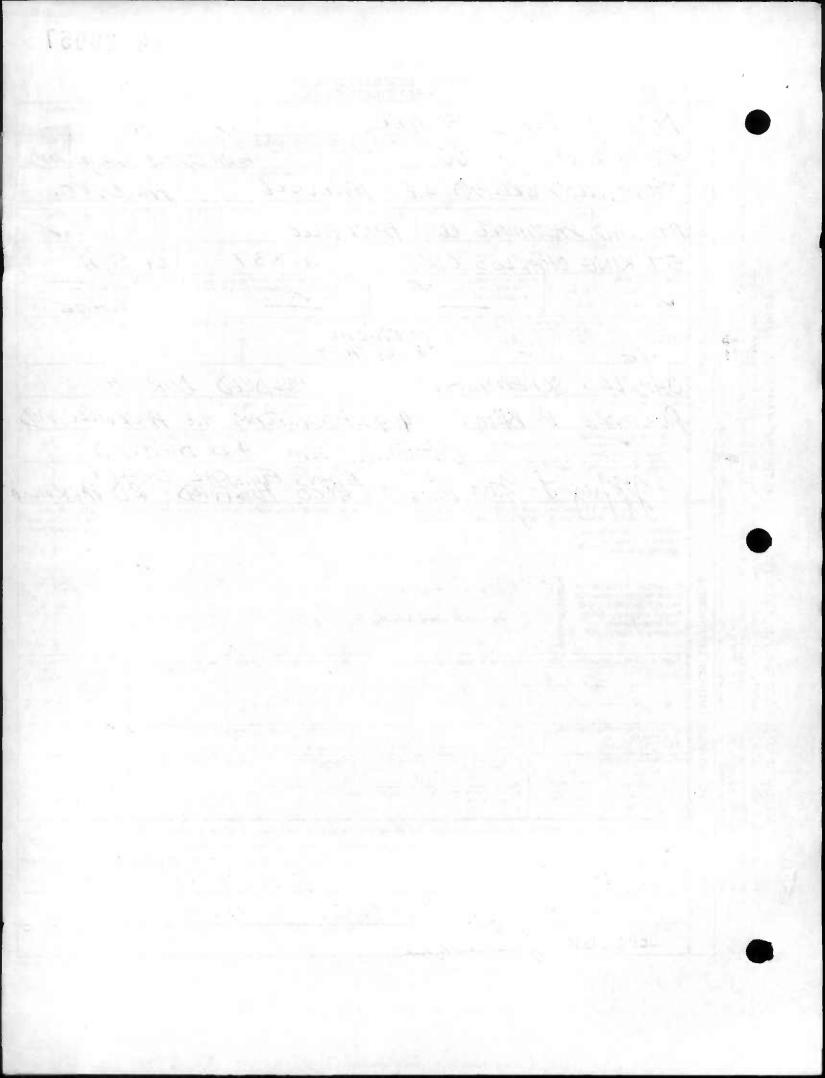
JOSEPH

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Figh.

32. REGISTRAR'S SIGNATURE i Davidan-Ra

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1 . S	OR FATE EGISTRAR	STATE OF MARYL		T OF HEALTH AND I	MENTAL HYGIEN REG. NO.				
De	DEOTHY I	RENE S	NYDER		2. DATE OF DEATH MONTH DO	9 1994	1		
21	AL SECURITY NUMBER 7-24-2029 SILITY NAME (If not institution, give st	1 - M 2 EF 60	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Year)	9. COUNTY OF	THPLACE (State or Foreign intry) PLICE DEATH		
DIRECTOR 100 ST	DENCE OF DECEDENT	MORELAND	AVE A	OR LOCATION -		BALT	O, CO,		
	REET AND NUMBER	TIMORE C	O. PAIR	KVILLE 101. ZIP CODE	2 ~	10g. CITIZEN OF	LIMITS? 1 YES 2 NO F WHAT COUNTRY?		
I ION	7 K/NG CH/	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico	NIC ORIGIN? (Specify Yar in, Puarto Rican, atc.)	OH	ACE — American Indian, action/White, stem		
8	Ildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade)	IF YES, GIVE WAR OR OF	18a. DECEDENT'S LISUAL	1 YES 2 (NO Specification Specification of Working		SINESS/INDUSTRY	VHITE		
MPL	mentary/Secondary (0-12) HER'S NAME (First, Middle, Last)	College (1-4 or 5+)	SECRETI	ARY	ME (First, Middle, Meiden	Sumamel			
H 190 IN	FORMANT'S NAME (Type/Print)	HEMINA		MILL SS (Street and Number or Rural	RED D	ORSC	<i>H</i>		
20e. Mi 1 □ Bi	SEMPLE E		PLACE AND DATE OF DISPO		DATE 20c. LO	CATION — CITY OF	Town State		
4 🗆 D	nature OF FUNERAL SERVICE LIC	- 6	KEENMOUN	NAME AND ADDRESS OF	9-22 B	CHAR	ND.		
23. P/	ABITAL Enter the diseases, or c	omplications that caused List only one cause on e	noo677	or the mode of dying, suc	th es cerdiec or resp	PL iratory erreet,	Approximate		
disea	DIATE CAUSE (Finel	. Me	2011 901	Ma			Interval Bety Onset and D		
Sequantielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART	li. Other eignificent condition	Part i. 24a. WAS AN AUTOPSY PERFORMED?		4b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAU					
HEDIC/					1 _ YES 2	R 🗆 NO	OF DEATH?		
O EX	CASE REFERRED TO MEDICAL AMINER?	HOSPITAL: 1 inpetient 2 ER/Outp	ontient 3 DOA 4 No	28. PLACE OF DEATH (Ch ER: Insing Home 5 Realdence					
> 1 '=	NNER OF DEATH Natural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURED			
ETEO	3 Suicide 8 Could not be detarmined 25a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 25a. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 25b. LOCATION (Street and Number or Rural Route Number or								
				time, data and place, and due opinion, death occured at the			e(a) and manner as state		
296. (6)	SHATURE AND TITLE OF CERTIFIES	COMPLETED CAUSE OF DE	ATM (ITEM 27) (See Dale)	200 LICENSE NU	38	29d. DATE SIGN	ED (Month, Day, Yestr)		
Do	e. WALTER	32. REGISTRAR'S SIGN	152 190	00 E. Nor	them the	lug t	Battomo		
	SEP 23 1994	Julis Danisen-	Rose				DHMH-16 B		



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Pages 1, 2, 3 should permit. as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 use ĮQ. funeral director, page 5 should be detached ours after death. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. cremation, or removal DIVISION OF VITAL RECORDS, P.O. BOX 68760. ATTENDING PHYSICIAN: The law requires that the death certificate be executed with has been a this certificate has with the State D After 1 death DIRECTOR: J OR

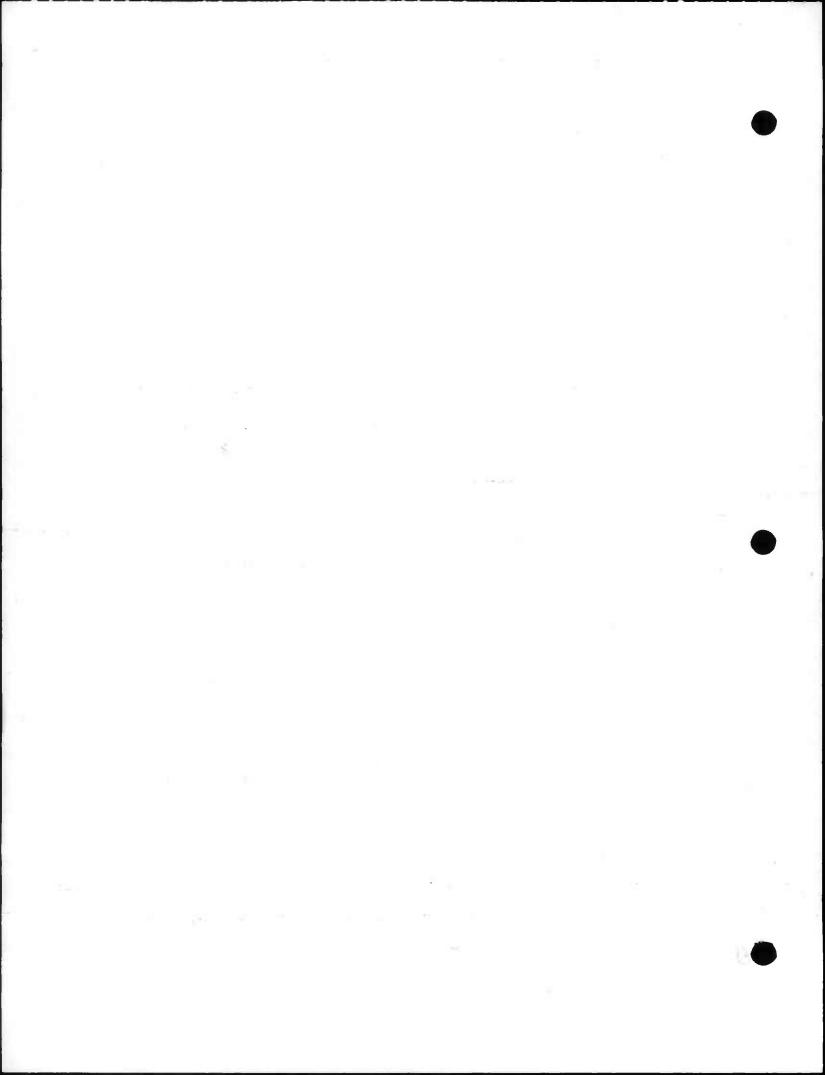
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWARD T. SEIGLE SEPT.18,1994 05:41 A M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F 214-44-3927 48 1948 September 17 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR 1712 W. PRATT ST. BALTIMORE N/A RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ā 1 YES 2 | NO Md. N/A Baltimore 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 210 S. Bruce St. 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 X Married 1 TYES 2 NO Specify B∀ 3 Widowed 4 Divorced white 0 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Belt Maker Gallant Belt Co once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname ā William Edward Seigle <u>Madeline M. Sprinafield</u> notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Carolyn L. Seigle Bruce St. Balto.. Md. be DATE 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 Duriel 2) Cremation 3 Removal from State
4 Donation 5 Offer (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must Green Mount Cemetery Balto., Md examiner 21, SIGNATURE DE PUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Elkridge, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, ehock, or heart tailiure. List only one cause on each line. Approximete Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the diseese or condition resulting in deeth) ACUTE ALCOHOL INTOXICATION COMPLICATING ARTERIOSCLEROTIC DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in deeth) LAST 6 PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE YES 2 | NO Shows 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 XYES 2 NO HOSPITAL: 1 - Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 X Other (Specify) IN BAR 0 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural FOUND 9/18/94 1 YES 2 (NO В SUBJECT INGESTED ALCOHOL 2 Accident Investigation 28e. PLACE OF INJURY — At homa, larm, street, lactory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, BALTO, ME City or Town, State) 3 Suicida 28 is S Could not be determined COMPLETED 4 Homicida 17127 W. PRATT ST., BUILDING 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. THE FUNERAL (2X MEDICAL EXAMINER: On and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 2 2 3 SEPT.18,1994 9 ESS OF PERSON WHO CO PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Penn Street, Baltimore, Maryland 21201



19 YEAR

9c. COUNTY OF DEATH

10g, CITIZEN OF WHAT COUNTRY?

SHAVELSON

21215

29c. LIÇENSE NUMBER

105

USA

3. TIME OF DEATH

6. BIRTHPLACE: England

TIMORE

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: WHITE

1 TYES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

RANDAUS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Interval Between

Onset and Death

0.0CA M

Items#1.7 G-film 715 per F.H 9/23/94 P.C

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SEPTEMBE Alt B. SPI 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Dey, Year) 5-05-04 IF UNDER 1 YEAR IF UNDER 24 HRS. 21 3-12-2526 DAYS HOURS MIN. 1 M 2 V 0 YRS page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not inatitution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH HOS ANDALLS DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY TOWN OR LOCATION MD BALTIMORE BALTIMORE FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 21208 7920 SCOTTS LEVEL ROAD the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KTNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BELFINT HETTIE BARNETT notified at urs after death. Page 6 may be retained by BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7119 BOXFORD RD, BALTIMORE, MD MRS. BERNICE C.ROSEMAN pe METHOO OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Burtal 2 Cremation funeral director, nation 5 D Other Min 9-22-94 RANDALLSTOWN, MD 21. SIGNATURE OF POMENAL SERVICE medical examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD., BALTIMORE, MD 21215 filled in by the 23, PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. Liet only one cause on each line. the attending physician and completely filled Ir Mental Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Final the disease or condition NTESTINAC resulting in death) other traumatic event. **BION OF VITAL RECORDS, P.O. BOX 68760**, TENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): WERTICULOSIS CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY n signed by the PERFORMED? shows any 1 YES 2 NO been a has bee 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
11 YES 2 100 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) itlent 2 ER/Outpatient 3 DDA marked, or 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY CTOR: After the 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 COMPLETED 8 Could not be Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE PART TO THE FUND TO THE 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and many

LETED CAUSE OF OEATH (ITEM 27) (Type, Print)

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SIGNATURE AND TITLE OF CERTIFIER

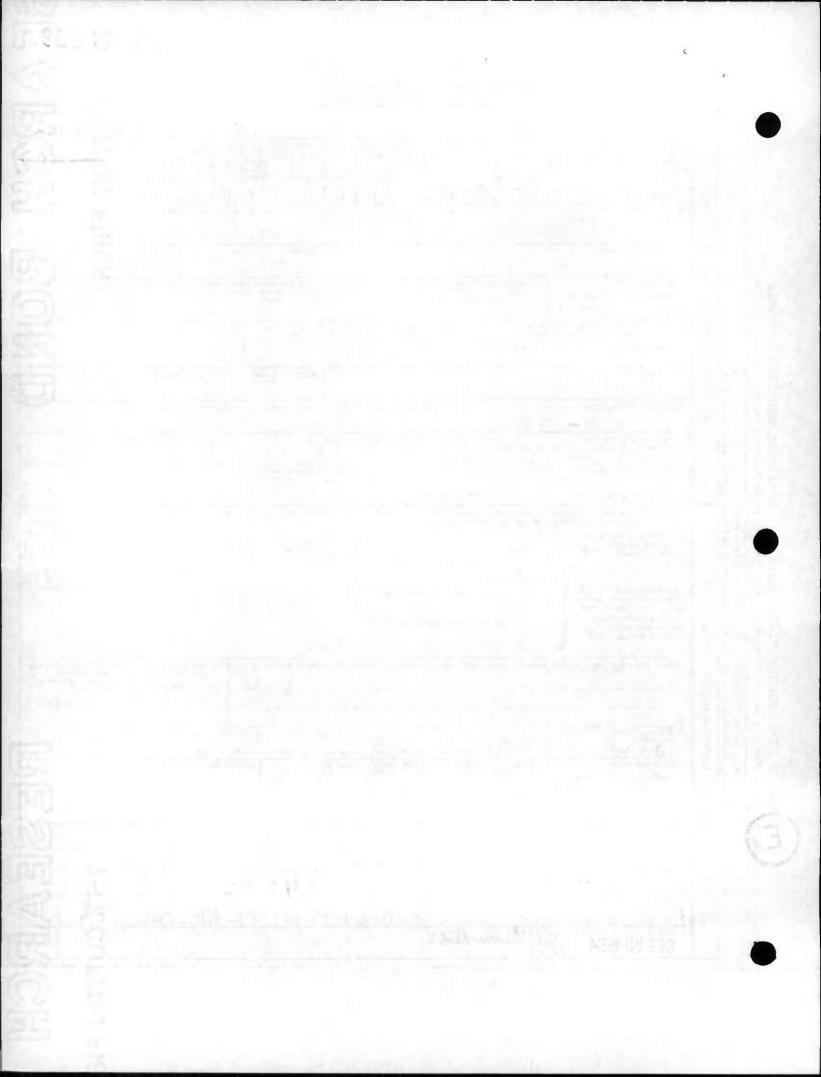
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SEP 23 1994

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DHMH-16 Rev 1/89



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MARYLAND 21215-0020	attending
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. 68760, BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law requires that the death certificate be	er this certificate has been signed by the attending physician and completely filled in by the 1 ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traur
OISINIO	TO THE HOSPITAL OR ATTENDIN	TO THE Further CHECKER Af	IMPORTANT: If Item 28 is r

	1 - STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF H	EALTH AND I	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last) Schwart 3,	601	ور راي		2. DATE OF DEATH MONTH D		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIFIT	HPLACE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give street and number) NORTHWEST HOSPITAL CENTER			R LOCATION OF DE	EATH	9c. COUNTY OF BALT	Office Committee		
DIRECTOR	10a. STATE 10b. COUNTY MD		TY, TOWN OR LOCAT BALTIMORE				10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3900 FORDS LANE, APT. 4		101	ZIP CODE 21215		10g. CITIZEN OF	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVELOPED FORCES? 1 YES, GIVE WAR OF	R IN U.S. ARMED S 2 NO DATES	It yea, sp		NIC ORIGIN? (Specify Yearin, Puerto Ricen, etc.)		E — American Indian, ck, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	B USUAL OCCUPATION work done during moise retired.)	N st of working		SINESS/INDUSTRY			
MP.	17. FATHER'S NAME (First, Middle, Last)	SE	CRETARY	18 MOTHED'S NA	ME (First, Middle, Maiden	OF BALT	MORE		
BE CC	KARL SCHWARTZ			ANNA	ME (rirst, Middle, Maiden	KA1	rZ.		
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS (Street a		Route Number, City or Tow				
-	MR. KENNETH ZAJIC				ANDALLSTON	N, MD 21	133		
	1 X Buriel 2 Cremation 3 Removal from State	emetery, crematory or o	other place!			CATION — City or 1	11.00		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	HILKO KOD	22. NAME AI	ID ADDRESS OF FA	9-22-94 BA		MD		
	· Chu Chu Lein				& BROS, I		MD 21215		
	23. PART 1 Enler the diseases, or complications that caus shock, or heart failure List only one cause or	sad the death. Do	not antar the mo	da of dying, auc	h as cardiac or resp	iratory arrest,	Approximata		
	iMMEDIATE CAUSE (Final disease or condition payiting in death)	e umon	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				Interval Batween Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. OSTO SIND SIND SIND SIND SIND SIND SIND SIND								
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Note: 1 Note	utpatiant 3 🗆 DOA	OTHER:		8 Other (Specify)				
BY PH	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation		JURY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW I	INJURY OCCURED			
	3 Suicide 6 Could not be datarmined 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State) 28st. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 19 (4)			1		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)	2113/			10.0		
	31. 04 SEP 23 1994 A 12. REGISTRATS SI		,	21136					

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

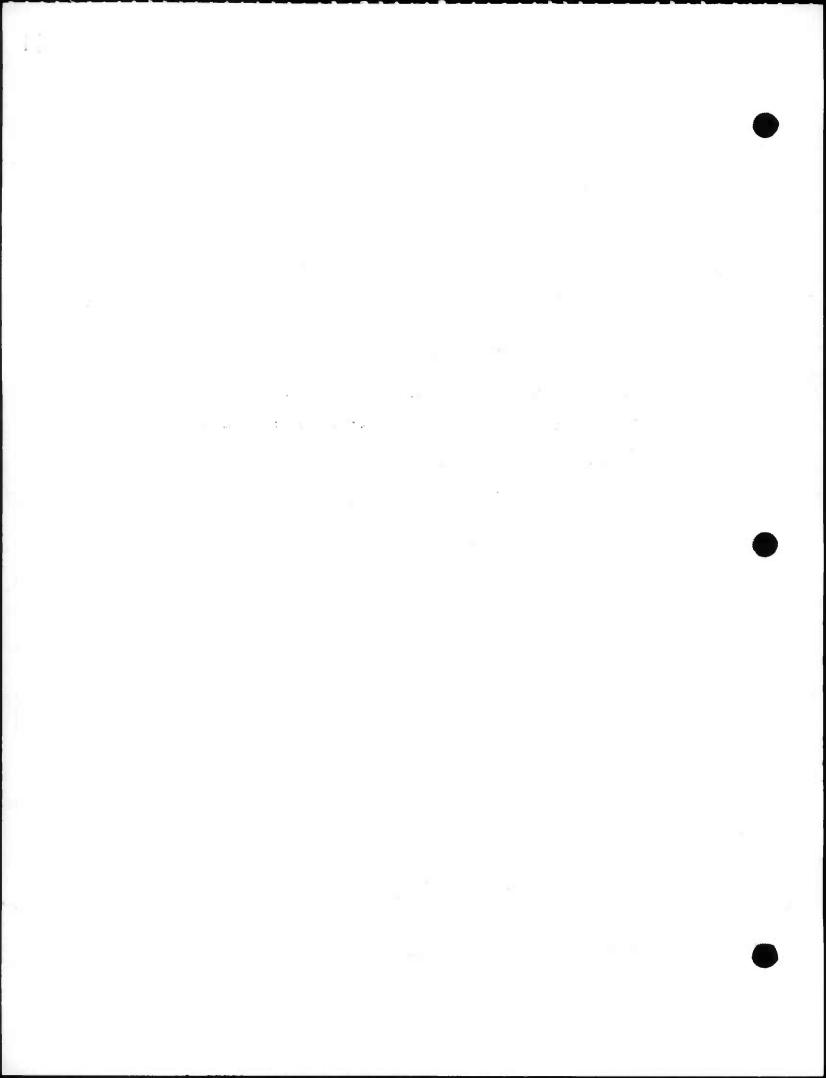
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float. Place of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGI		
-	1. DECEDENT'S NAME (First, Middle, Last)			Stod.	durd	2. DATE OF DEAT MONTH, Sept.2	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 020-07-3120	1 1 M 2 □ F 8 2	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1912	BIRTHPLACE (State or Foreign Country) Massachusett
TOR	99. FACILITY NAME (If not institution, give so 1722 Whitfield RESIDENCE OF DECEDENT			ob. city, town	OR LOCATION OF D	EATH		Arundel
DIRECTOR	10a. STATE 10b. COUNTY	Arundel		ry, town on Loca ofton	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e.STREET AND NUMBER 1722 Whitfield	Court			2. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	It yea, ap		NIC ORIGIN? (Specify an, Puerlo Rican, etc.	Yea or No- 1	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of tife. Do NOT u		ON ost of working		BUSINESS/INDUS	
OME	17. FATHER'S NAME (First, Middle, Last)		Machin	ISC	18. MOTHER'S NA	RALL .		oston, Maine
BE C	Henry	Warren Sto	ddard		Ada E	1 1	our damano,	
2	19a, INFORMANT'S NAME (Type/Print)		- 1			Route Number, City or		
	Donald Stoddar					d, Crof		
	20a. METHOD OF DISPOSITION 1 Burlain 2 Cremetion 3 Rem 4 Donation 5 Dother (Specify)	oval from State 20th	netery, crematory or c	other place)			LOCATION — CH	
- 1	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE	METRO	CREMATO	RY ND ADDRESS OF FA	ACILITY B	ALTIMO:	
	- Lower V	US-Res	ve	Hard 12 F	lesty F	uneral Ave. A	nnapol.	is, MD 21401
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS)	OCONSEQUENCE O	er);				Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significant condition DID TOBACCO USE CONTE			Was a substitute of the substi		1 (YE	S AN AUTOPSY IFORMED?	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
IAN	25. WAS CASE REFERRED TO-MEDICAL		26. PLACE OF DEA		UNCERIAL	иП		
Sic	EXAMINER? 1 ☐ YES 2 5-100	HOSPITAL: 1 inpetient 2 ER/Outy	nations 3 🗆 DOA	OTHER:	. Stansone	6 (Other (Specify)	9	
BY PHYSICIAN:	27. MANNESS OF DEATH 1 Natural 5 Panding 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Mar)	28b. TIM	JURY WO		28d. DESCRIBE HO	W INJURY OCCU	98D
	2 Suicide 6 Could get-be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Swin, State)							
COMPLETED		CIAN: To the best of my know R: On the basis of examination						euse(s) and manner as stated.
BE	299. SIGNATURE AND TITLE OF CENTURES	liet	B		29c. LICENSE NUI	MBER 10094	29d. DATE 5	12/94 Day Mary
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (HEM ZEY / 1/20)	. Print)			1	11 4
ı	SEP 2 3 1994	12. REGISTRAN'S SIGN	ATURE					



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING TO FINE ION requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL UNDEAL CONTINUES AND THE PROPERTY OF THE PROPERTY OF THE TREATH OF THE TOTAL CONTINUES AS THE PROPERTY OF USE AS THE TREATH OF	be filed within 72 hours what the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2

determined

SEP 2 3 1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) Michael Anthony Tanzella 2. DATE OF DEATH 3. TIME OF DEATH YEAR MONTH -ANZEL MICHARL ٧ 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Year) 21 220 09 9967 Md. 73 1X M 2 - F 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St.Agnes Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Baltimore Md. Lansdowne FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4 fourth Avenue 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No ff yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO Specify: В Specify 3 Widowed 4 Divorced WW 2 White COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) G.L. Martin Co. 12 Tool Attendant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Vincent Tanzella Salvatrice Fertitta BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thelma L. Tanzella 4 Fourth Avenue Lansdowne, Md. 20s. METHOD OF DISPOSITION

1 💢 Burlet 2 □ Cremetton 3 □ Removat from State
4 □ Donetton 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Middle River, Md 9-26-94 Holly Hills Memorial 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 6224 Eastern Avenue Balto., Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Dasth disease or condition Cerebrovarailas Acciden weeks resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO DF DEATH? ailus Seften teans 1 | YES 2 | NO DID TOBACEO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
10 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. WJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suictde COMPLETED 6 Could not be 4 Homicide

29s. CERTIFIER (Check ank) 1 (X CERTIFYING PHYSICIAN: To the best of my kgowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of exem on and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c_LtCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 044 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

		been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be the fith and Mental Hygiene prior to bunial, cremation, or removal.	
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.0020	The new requires that the death certificate be executed within. Jurs after death. Page 6 may be retained by the hospital or attending physician.	he bunial-tr	
21215	or attendi	or use as	
AND	the hospita	detached f	once.
BALTIMORE, MARYLAND 21215-0020	stained by	should be	im 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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68760,	scuted with	od complet	itic eveni
BOX	cate be ex	e prior to	er trauma
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AL RECORDS, P.O. BOX 68760,	that the di	been signed by the attending physician and completely filled in by the force. of Health and Mental Hygiene prior to burial, cremation, or removal.	any Injur
REC	v requires	been signer. t. of Health	shows !
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN				SMIII	ICALI	CUL	DEA	I IT	R	EG. NO.			
	Colorson Times T									3. TIME OF DEATH 12:20 a.				
	4. SOCIAL SECURITY NUMB	15 00 1000			t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH y, Year)		8. BIRTH Country	PLACE (State or Foreign
				95	THS.					4 23	99			erno, Ital
œ	90. FACILITY NAME (If not institution, give street end number) St. Martin's Home								ON OF DEA	TH			INTY OF D	
DIRECTOR	RESIDENCE OF DEC		ie			Cat	ons	ville				Bal	Ltimo	re
<u> </u>	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Md .	Balt	imore		Bal	timo								LIMITS?
BY FUNERAL	119 Locust	Drive						21228				USA		HAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, sp	ecify Cube		C ORIGIN? (S , Puerto Ricar		or No—	14. RACE Black Speck Whi	— American Indien, , White, etc. ly:
	15. DECI (Specify only	EDENT'S EDUC	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON est of workin	10	16b. KIN	D OF BUS	INESS/IN	•	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	,	omema		•		5.44	Hom	emak	ing		
NO N	17. FATHER'S NAME (First, Mi	ddle, Lest)						16. MOTI	HER'S NAM	E (First, Middl	-			
	Antonio Pet	rilli								Giaci		,		
8E	19e. INFORMANT'S NAME (7)	rpe/Print)		19	b. MAILING	ADORES	S (Street a			oute Number, C		, State, Zi	ip Code)	
2	Sr. Bernade	ette		16	01 M	laide	n Ch	oice	Lane	e Balt	o. M	d. 2	1228	
	20e, METHOD OF DISPOSITI	ON		20b. PLACE	ANDDATE	OF DISPOS	SITION (No			OATE			City or To	wn, State
	1 M Buriel 2 U Crematio 4 □ Donation 5 □ Other	n 3 ⊔ Reme (Specify)	oval from State	cemetery, cre	ine	PArk	Crv	pt		9/26	Wo	odla	wn	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donation 5 Other (Specify) Lorraine PArk Crypt 9/26 Woodlawn													
	Jack	ve 1	1. Sha	mor	~					ENUE-			E. MI	21229
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert fellure.	List only one ceu	COR AS A CONSE	om	9			4	rad		atory at	1001,	Approximate Interval Between Onset end Deatl
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST													
MEDICAL	Congestive heart tailing 1 YES 2 NO OF D								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF O	EATH (Chec	ck only one)				
KSI	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE!		10 5 □ Re	sidence 8	Other (Sp	ecify)			
		Pending nvestigation	28e. OATE OF (Month, D	INJURY lay, Year)	28b. TIN	IE OF JURY M		URY AT PRK? YES 2	-	28d. OEŞCRII	BE HOW IN	JURY OC	CUREO	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — All home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)													
COMPLETED			CIAN: To the best of R: On the basis of a) end menner ee stated.
ш	29b. SIGNATURE AND TITLE	OF CENTIFIER						29c. LICE	ENSE NUME	BER		29d. DA	TE SIGNED	(Month, Day, Year)
00	/	The	Mas				and.	D 2	21649			•	9-	12-94
5	30. NAME AND ADDRESS OF Dr. Sambanda	m Bask	aran 34	SE OF DEATH (ITE	M 27) (Type	, Print)	Ral			-				~ / /
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE	-110 E	7 A C *	рат	,	rid.	41449				
ı	SEP 2 9 199	1 Jul	in Muchan	Kardall										

TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNESAL DIRECTOR. Aria this of be filled within 72 bours after death the IMPORTANT: If them 28 is marked,

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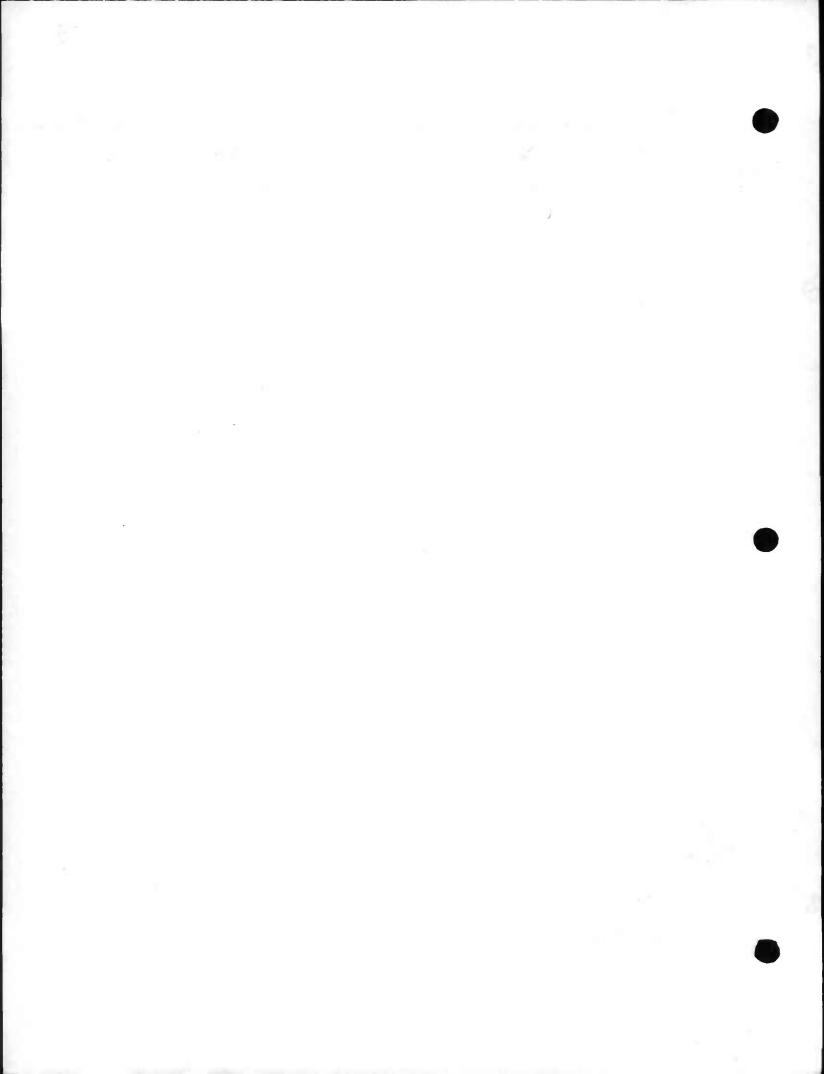
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION

e law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 5 Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.
es that the	gned by ti	s any In
w require	been significant	3 shows
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PHYS	RECTOR: After this certifi urs after death with the	rked,
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Jeanette Edi	th Tribull				Sept. 19	, 1994	
			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Foreign untry)
218-10-5800 9e. FACILITY NAME (If not institution, give stre	1 M 2 X F 7	O YRS.			June 17,1	918 Ma	aryland
		96		OR LOCATION OF DE	EATH	9c. COUNTY O	F DEATH
3020 Woodring	Avenue		В	altimore			
10e. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
Maryland -			Baltim				1 X YES 2 NO
100. STREET AND NUMBER 3020 Woodring Av	eniie		101	ZIP CODE	234	U.S.	F WHAT COUNTRY?
	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		ACE — American Indian,
1 Never Married 2 Merried	FORCES? 1 YES	2 XNO	II yee, sp	ecify Cuben, Maxice	n, Puerto Ricen, atc.)	B	leck, While, etc.
3 📉 Widowed 4 🗌 Divorced			1 123	2 NO Specify		34	White
15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	18e. DECEDENT'S USI (Give kind of work life. Do NOT usa re	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY	Y
Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	Homemak			Ow	n Home	
17. FATHER'S NAME (First, Middle, Last)	11/11	Homeman		18. MOTHER'S NA	ME (First, Middle, Maiden		
Joseph Train	or			Edith	Anderson		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Soute Number, City or Tow		
Mrs. Dee Real (d	aughter)				ltimore, M		
20e. METHOD OF DISPOSITION 1		PLACE AND DATE OF D	ISPOSITION (Na	me of	DATE 20c. LO	CATION City or	
4 Donallon 5 XOther (Specify) Ent	ombment Pa	tery crematory or other rkwood Ce	_			timore,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE	0 1		imunek F	uneral Hom	es. Inc	
gold 1	Modac	IR. Ir.	970	5 Belair	Rd., Balt	imore,	
23. PART i. Enter the diseases, proposition of the shock, pr heart failure Li	mplicetions that caused	the death, Do not	enter the mp	de of dying, suci	h ea cerdlec or respi	iratory errest,	Approximete
			`	1-1	TO	./.	interval Between Onset and Deeth
diseese or condition resulting in death) e.	Cicute DUE TO (OR AS A	My	v ca	stylet	I ug z	As an)
	DUE TO (OR AS A	CONSEQUENCE OF):					
Sequentially liet conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					
If eny, leeding to immediate cause. Enter UNDERLYING	HYPE	TENI	510	U			j
CAUSE (Diseese or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in deeth) LAST							
PART II. Other significent conditions	Contributing to deeth bu	t not reculting in t	he underlying	ceuse given in	Pert I. 24s. WAS AN	ALITOPSY 2	4b, WERE AUTOPSY FINDINGS
					PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
					1 ☐ YES 2	NO	DF 0EATH?
DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIN	10		1 123 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	S. PLACE OF DEATH (
1 🔀 YES 2 🗆 NO	☐ Inpatiant 2 (FR/Outpa	tient 3 DOA 4	THER: Nursing Home	5 Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DESCRIBE HOW II	NJURY OCCURED	
2 Accident Investigation				ES 2 NO			
3 Suicide S Could not be 4 Homicida datermined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, atree	it, lactory, office		281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
29e. CERTIFIER 1 CERTIFYING PHYSICIA	No To the best of	4 - 4 - 9					
	AN: To the best of my knowle On the basis of examination						a(e) and manner se stated
29b. BIGNATURE AND TITLE OF CERTIFIER	-2			29c. LICENSE NUM			
while	ezemento	4.			6 4°9	29G. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS DF PERSON WHD		TH (ITEM 27) (Type, Prin	n)	4) 60	- 1		MICE
Dr. Nestor M. Car	mona, 6012 H	larford Rd	l., Bal	timore,	MD 21214		
SEY 23 1994	32. REGISTRAR'S SIGNA	TURE				· ·	

	REGISTRAR	STATE OF MARYL			F DEATH		REG. NO.		
		.Van Hoi	-			2. DAT MON	e of OEATH	1 4	3. TIME OF DEATH
	217-54-2778	XM 2 □ F	(In yrs. lest birthday) 43 yrs.	IF UNDER 1 YEAR MONTHS DAYS		s. 7. DATE	CH 2, 19	51	BIRTHPLACE (State or Foreign Country) AR YLAND
OR OR	98. FACILITY NAME (If not institution, give stree FRANCIS SCOTT KE		VIEW		N OR LOCATION O			9c. COUNTY	OF DEATH
- 15	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY
	MARYLAND n/	'a			TIMORE				1 X YES 2 NO
FUNERAL	1706 E.	CHASE ST	REET		21218			UNITE	OF WHAT COUNTRY? O STATES
8	11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	II yes,	ES 2 XXXX S	SPANIC ORIGINATION OF THE PROPERTY OF THE PROP	N? (Specify Yea Rican, etc.)	or No— 14	RACE — American Indian, Black, White, etc. Specify: BL ACK
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of vite. Do NOT us) LABORER	vork done during	TION most of working		6. KIND OF BUS		
at once.	17. FATHER'S NAME (First, Middle, Last) JOSEPH VANHORS	Ε	CABOKEK		18. MOTHER'S		Middle, Maiden S		WORKER
be notified TO BI	190. INFORMANT'S NAME (Type/Print) MARGARET JOHNS	SON	19b. MAILING 1706		HASE S	TREET,	BALTII	MORE,	MARYLLAND #18
must	20e, METHOD OF DISPOSITION 1 Jurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State	BALTIMORE			9-26	TE 20c. LOC BAL	TIMOR	F, MARYLAND
ехашіле	21. SIGNATURE OF FUNERAL SERVICE LICEN	n. K.	oger	WM.	C. MAR	CH FM.			
event, the medical	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	free	umoni	auch as car	rdiac or reapir	retory arrest	, Approximate Interval Betwee Onset and Dea
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AIDS	A CONSEQUENCE OF	7):	ns				
any inju	PART II. Other algnificant conditions of	ontributing to death I	but not resulting	n the underly	ing cause giver	In Part I.	24s, WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
0 = -	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES 1	10 17			1 - YES 2 - NO
State [Item		OSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH				
> ~	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCUP	ED
Item 28 is mar	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR' building, etc. (Spe	Y — At home, larm, socily)			281. LO	CATION (Street all or Town, State)	nd Number or	Rural Route Number,
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know	wiedge, death occurre	ed at the time, de	its and place, and	due to the co	luse(s) and man	ner sa stated.	puse(s) and menner as stated.
be filed withing in imPortants if	296. SIGNATURE AND TITLE OF CERTIFIER	9//	//		29c. LICENSE		3 4C		GNED (Month, Day, Mar)
T OT	MAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OF	EATH (ITEM 27) (Type,	Print)	150	063	318 MIM	7	12/194
	1/1/ATMI	1 (11/17)4	601	ININ	D.176	1/1	MI TIM	1200	1111) 117~6



BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

DIVID PHYCICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOS FIRE OFFICIALLY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the property of the page 5 should be detached for the page 5 should be detached for the page 5 should be detached by filled within a page 5 should be detached by filled within a page 5 should be detached by filled within a page 5 should be detached by the moving. The movest of the page 5 should be detached by the moving them the moving them the moving t FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFIC/	ATE OF	DEATH	R	EG. NO.			
33	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF E				3. TIME OF DEATH
- 7	RONALD C. VOLA	ND, SR.					SEPT	2]		1994	10:15 A.
	4. SOCIAL SECURITY NUMBER	7	AGE (In yrs. last birthd	ay) IF (INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		- ,		PLACE (State or Foreign
97	212-30-4932	1 € M 2 □ F	60 YR	MON	THS DAYS	HOURS MIN.	SEPT.	(Year)	122	Country	XYLAND
	9a. FACILITY NAME (If not institution, give		00	96	CITY TOWAY	OR LOCATION OF DE		44,15	_	NTY OF D	
œ	5619 MONTGOMERY R			90.				l	9c. COU		
2	RESIDENCE OF DECEDENT	UAD				ELLICOTT	CIII			н	WARD
DIRECTOR	10e. STATE 10b. COUNT	ry	10c.	CITY, TO	WN OR LOCAT	ION					10d. INSIDE CITY
5	MARYLAND HO	WARD		EI	LICOT	T CITY					LIMITS?
- 1	10e. STREET AND NUMBER					. ZIP CODE			10- CIT	IZEN OF W	HAT COUNTRY?
M.	5619 MONTGOMERY R	OAD			1	21043				S.A.	THAT COUNTRY?
FUNERAL	11, MARITAL STATUS										
5	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO			ENDENT OF HISPAN ecity Cuban, Maxica			or No—	14. RACE Black	— American Indian, t, White, atc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES AN		1 TYES	2X NO Specify	y:			Speci	* WHITE
	15. DECEDENT'S EDI	ICATION .	10.00000						-		
쁘	(Specify only highest grad	e completed)	16a. DECEDEN (Give kind	of work	done during mo red.)	st of working	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)					37.477		1.70		
COMPLETED	10TH GRADE		MAI	NTE	NANCE			A STA			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		, Maiden S	Surname)		
H	LEWIS VOLAND					VIOLA T					
2	19a, INFORMANT'S NAME (Type/Print)					nd Number or Rural I					
	PATSY VOLAND		561	9 M)NTGOM	ERY ROAD	- ELL.	LCOTI	r CI.	LY, ML	21043
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Ren	noval from State	20b.PLACE AND DA			ma of	DATE	20c. LOC	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)		MEADOWRÍ	DGE	MEMOR	IAL PK	9/24	ELE	(RID	GΕ	ì
	21. SIGNATURE OF FUNERAL SERVICE LI	4				D ADDRESS OF FA		~ ~~~	_		
	* Cackie 1	· Alkan	non			RD FUNER					
-1	4	701	1070								D. 21229
	23. PART VEnter the diseases, or shock, or heart fellure.	List only one cause	on each line.	o not e	nter the mo	de of dying, suc	h as cardiac	or respir	ratory ar	rest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Finel										Onset and Death
	disease or condition resulting in death)	a. Respire	itiny Fa	:10:	-4						
		DUE TO (OF	R AS A CONSEQUENC	E OF):	^						
z	Samuaniatio that and distance	P BSING	[47 (37 cm)	0	r hus	5 5799	1 10				3 mu thi
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQUENC	E OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
1	that initiated events	DUE TO (OF	R AS A CONSEQUENC	E OF):							
H	resulting in death) LAST	d									
	PART II. Other significent condition	ns contributing to de	eth but not resulti	no In th	e underlyln	ceuse alven in	Port 1 24s	. WAS AN	ALITORCY	1 046	WEDE AUTODOX CAMANOO
DICAL						g cease given in	Pert 1. 248	PERFORI		240.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
ă	Chrenic anima	Muchex	17 - CACK	1 1 1 1 1			1 [YES 2	XNO	- 1	OF DEATH?
ME	COLD										1 YES 2 NO
ä	DID TOBACCO USE	CONTRIBUTE	TO CAUSE	OF E	DEATH	YES 🔼 NO	○ □				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITA		1		ACE OF DEATH (Ch	eck only one)				
S	1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DO		HER: Nursing Hom	e 5 KRasidenca	6 Other (Sp	ecify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF IN.		TIME OF	28c. INJ	URY AT	28d. DESCRIE		IJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day,	rear)	INJURY		RK? /ES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF II	NJURY — At home, ter	m, atreet	, factory, offic		28f. LOCATIO	N (Street ar	nd Numbe	r or Rural R	loute Number.
윤	4 Homicide detarmined	building, atc	. (Specify)				City or To	wn, State)			
9	29a. CERTIFIER	A 41 Kini 2007	-11982/		5						
MP		SICIAN: To the best of my									
COMPLETE	2 MEDICAL EXAMIN	ER: On the beels of exem	ination and/or investig	etion, in	my opinion, d	eath occured at the	time, data and	place, and	dua to ti	he cause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R) +				29c. LICENSE NUI					(Month, Day, Year)
TO B	Gran X. M.		D A			0305	73		9	-22	-94
۴	30. NAME AND ADDRESS OF PERSON WI										
	DR. JOHN K. MINF	ORD - 2 KN	OLL NORTH	DR	EVE -	2nd FL00	R - CO	LUMB]	[A, I	MD. 2	21045
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	GNATURE				·				
	SEP 2 3 1994 A	and an university	- 444.444								

DIVIDIOIS OF ALL AL PLOOPES, F.O. BOA 66/60	THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	ER DIRECTOR: After this certificate has been signed by the attending physician and complete the complete the State Dept. of Health and Mental Hydiene prior to burial, creming the state Dept. of Health and Mental Hydiene prior to burial, creming the state Dept. of Health and Mental Hydiene prior to burial, creming the state of th	If Item 28 is marked, or item 23 shows any injury, or other traumatic event
	ficate be	physician ne prior t	ner trau
	eath certi	attending rtal Hygie	y, or oth
San	hat the de	d by the	ny injun
	requires (een signe of Health	shows a
Į	he law	e has b	ш 23
	CIAN: T	ertificate the Stat	or ite
	PHYS	r this c	arked,
	ENDING	JR: Afte	B is m
	OR ATT	DIRECTI Hours at	item 2
i,	Ž	100	\$

											91	+	28061
	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAI				
	1. DECEDENT'S NAME (First, Middle, Last)				ICAT	E UF	DEA	ın		REG. N			3. TIME OF DEATH
	RENEIR A	WI	LSON				25		MONTH		21 /	944	
	1 011 0-117	5. SEX 1 M 2 F	8. AGE (In yrs. les Z3	st birthday) YAS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH Day, Year)	7 1970	Cour	THPLACE (State or Foreign ntry)
000	9a. FACILITY NAME (If not institution, give stree				9b. CITY	Y, TOWN O			1		_	INTY OF	
DIRECTOR	Sinai Hospital of	Marylar	nd			Ba	ltim	ore					
REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Md.						ltum						MX YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 4818 Pembridge Av	renile				101.	ZIP CODI				10g. CIT		WHAT COUNTRY?
S		12. WAS DECEDENT	EVER IN U.S. AF	AMED	13.	WAS DEC		1215 F HISPAN	VIC ORIGIN	? (Specify	Yas or No-	US 14. RAG	CF — American Indian
BY FI	1 Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 TO	NO	- 1	If yea, spe	cify Cuba	n, Maxica	in, Puarto f	lican, atc.)		Bia	ck, White, atc.
	15. DECEDENT'S EDUCAT	71041	10. 04	25051110					1				Black
COMPLETED	(Specify only highest grade con	ompleted)	(G	ECEDENT'S Give kind of to e. Do NOT us	work done	during mos	N st of workin	g	16b.	KIND OF E	BUSINESS/IN	DUSTRY	
APLI	10th	College (1-4 or 5+)	,		ashi					Fas	t Foo	d Re	staurant
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, A		en Sumame)		
BE	Leroy Wilson							-		nandl			
2	19a. INFORMANT'S NAME (Type/Print) Remona Bradby		19								own, State, Zi		27.27.4
	20a. METHOD OF DISPOSITION		20b. PLACE	_				ı Ba.	LTIMO		Maryla		
	1 N Burisi 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	al from State	comprery, cre					09	1				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	~ ~			NAME AN			CHITY				
	1) Bu	B.(sel	_	- ,	5502	Winn	ar					ervice Md. 21215
	231 PART L Enter the disease, or con	iplications thet	ceused the de	eeth. Do i	not enter	the mod	de of dyl	ng, euc	h as cerd	lec or res	piratory er	reet,	Approximate
	ehock, or heart feliure Lis IMMEDIATE CAUSE (Fine) disease or condition resulting in death)		mic //		MM	1ATO	RY	RE,	5 PO 1	VSE	SYN	DRO	Intervel Between Onset end Death
		PNEUN	OR AS A CONSE	OUENCE OF	E)·						_		
RTIFICATION	Sequentially liet conditiona, if any, leading to immediate	DUE TO	OR AS A CONSECUTION	OUENCE O	F):	/ / /		110	OAI	J, 4. /	1		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury					//V	TEG	-//	UIV				
	thet initiated evente resulting in deeth) LAST	AIDX	OR AS A CONSE	DUENCE O	F):								
E E	d	41,400											1
AP	PART II. Other algnificent conditions of					nderiying	cause o	given in	Part I.		AN AUTOPSY ORMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Herpes simplix	VIINO	INTEC	21101			_			1 🗌 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOPACCO LISE CO	ONITRIBILITE	TO CALL	CE OE	DEA	TII V		NO					1 NES 2 NO
AN	DID TOBACCO USE CC	DAIKIBUIE	IO CAU	SE OF	DEA		ACE OF D	NC EATH (Ch	eck only on	p)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHEI	R:			8 🗆 Other				
돌	27. MANNER OF DEATH	28a. DATE OF I		28b. TIM	_	28c. INJL WOF	JRY AT				V INJURY OC	CURED	
B≺	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	'ES 2 [NO					
8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, r	FINJURY — At ho atc. (Specify)	me, farm, s	street, fact	tory, offica			281, LOCA City o	ATION (Street or Town, Sta	et and Numbe te)	r or Rural	l Route Number,
	29s. CERTIFIER												
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:												(a) and mariner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				, tity (29c. LICE			eno piaca,			
BE	Convaluadri2 1	MD								1974	296. DA	AFIAA	6 (Month, Day, Year) 6 7 21 1994
121	20 VAME AND ADDRESS OF REPRON WHO						11/4	020		1/7	1 39	UCMI	X Z ITT

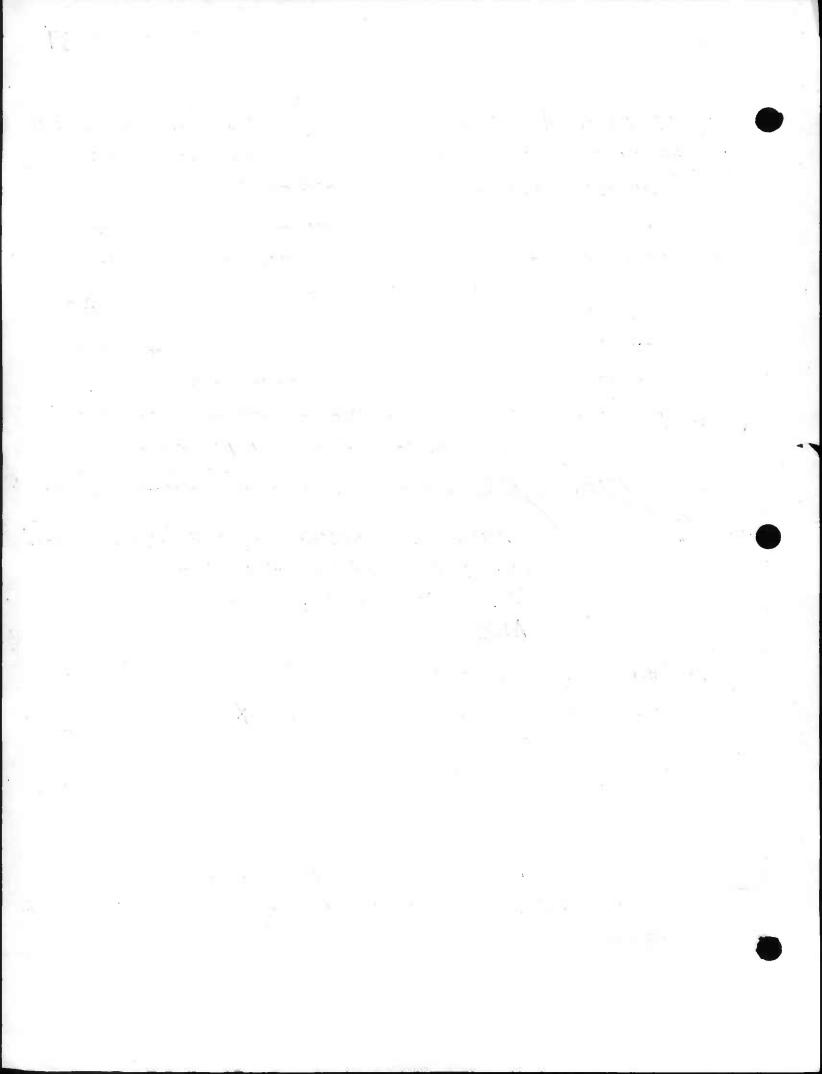
296. SIGNATURE AND TITLE OF CERTIFIER

CASSANDRA V VALMADRID, SINAI HOSPITAL OF BALTIMORE, BALTO MD Z1215

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

31. SEP 2 3 1994



BALTIMORE, MARYLAND 21215-0020
TO THE HOSPING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item#1,7 Per F.H. Film# G-715 09/23/94 R.M.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND		YGIENI	E		
1	1. DECEDENT'S NAME (First, Middle, Last)	CHARLES Wi				2. DATE OF	DEATH		3. 7	TIME OF DEATH
18		SELS R				09	2		EAR A	0840 a M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8.		CE (State or Foreign
1	218-05-9823-A	1 □XM 2 □ F	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	219.41	1917	MARY)	LAND
	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D	DEATH		9c. COUNTY		
9	Greater Baltin	nore Medical	Center	Towso	n			BAL	TIMOR	RE
띪	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Υ	10c. CIX	Y, TOWN OR LOCA	TION				104	. INSIDE CITY
DIRECTOR	MARYLAND BALT	rimore		COCKEYSV						LIMITS?
	10e. STREET AND NUMBER			10	f, ZIP CODE			10g. CITIZEN		
EB/	720 Warren	n Rd.			21030)		US		
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No.— 14.	RACE — /	Americen Indien,
7	1 Never Merried 2 Merried	FORCES? 1 1 YES	2 NO ATES		ecity Cuben, Mexic 2x NO Speci		n, atc.)		Black, Wh Specify:	ilte, etc.
	3 Widowed 4 Divorced	MM II			Λ			1	WHITE	Ε
里	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(Give kind of	Work done during me	ON ost of working	18b. KII	ID OF BUS	INESS/INOUS	TRY	
片	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	,		Ba1	to Co	unty I	Jator	Works
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Super	rvisor	18. MOTHER'S NA					WOIRS
		amuel Sheeler				Virgi:			t	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural					
5	Linda Lebo)	720) Warren	Rd., Co	ckeysv	ille,	MD 2	1030	
	20e. METHOD OF DISPOSITION	20b	. PLACE AND DATE	OF DISPOSITION (N	ame of	OATE	20c. LOC	ATION — City	or Town	State
	1 Donation 5 Other General	cem	etery, crematory or o	other place) Jallev M	em.Garde	ngSEPT	Tim	onium	MD	
- 4	21. SIGNATURE OF EINERING SERVICE LIC	SENSEE))	22. NAME A	ND ADORESS OF FA	ACILITY				
	Voyell (Lemmon	·		on-Mitch					
	23. PART I Enter the diseases or r	complications that caused	the death. Do	not enter the mo	Padoni	a Kd ch as cardiac	or respir	n 111m . retory arrest	MD 2	Approximate
	shock, Dr haart failure.	List only one cause on ea	ach iina.				·	•	1	intarval Between Onset and Death
	disease or condition resulting in death)	BUE TO CORAS A	Muna	u an	est				į	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F						
Z	Sequentially list conditions,	· Septic	Shock	/						
Ę	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
II	CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE O	IF)						
CERTIFICATION	that initiated eventa resulting in death) LAST			. ,.					į	
		0.								
ΆL	PART il. Other aignificant condition	a contributing to death b	ut not resulting	in the underlyin	g cause given in	Part i. 24	PERFORI			RE AUTOPSY FINOINGS ILABLE PRIOR TO
MEDICA						1	YES 2	NO		IPLETION OF CAUSE DEATH?
				**		_			1 🗆	YES 2 NO
PHYSICIAN:	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C/					
1×S	1 TES 2 NO 27. MANNER OF CEATH	1 Inpetient 2 ☐ ER/Outp	atient 3 DOA		ne 5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	PRK?	28d. OESCHI	BE HOW IN	JURY OCCUR	Eo	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, term,			281, LOCATIO	N (Street a	nd Number or F	Rural Bouta	Number
Ë I	4 Hornicide 8 Could not be	building, atc. (Spec	effy)				own, State)			
٦	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my knowl	ladge, death occurr	red at the time, date	and place, and du	s to the course	a) and man	nos es estedad		
COMPLETED		R: On the besis ot examination							euse(s) end	menner as atated.
	296. SIGNATURE AND TITUE OF CERTIFIES				29c. LIÇENSE NU			29d. DATE Si		
BE	Kosel St	sel, m			1130	910		▶ 9.	1211	94
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type	o, Print)	11 11	,,,,		//	-//	•/
	Robert Stolk		nk Rd	. Lut	hewille	MD				
	31. OATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN	ATURE			,				
- 1	SEP 23 1994 A	and anamaron you	dalle							I

Item#8 Per F.H. Film# G-715 09/23/94 R.M.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, 2. DATE OF DEATH 3. TIME OF DEATH 413 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 F YRS 111 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR more RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Muchen funeral director, page 5 should be detached for use as the burial-transit death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEOENT EYER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married If yes, specify Cuben, Mexicen, Puerto Rican,
1 ☐ YES 2 ☑ NO Specify: Specify. BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY 2 (0-12) College (1-4 or 5+) Kaven U. ONCE. 17. FATHER'S NAME (First, Middle 18. MOTHER'S NAME (First Middle Maiden Surname 7 20192 Washington BE notified INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S oute Number. City or Town. 2 S 100,0 Md 72) pe PLACE AND DATE OF DISPOSITION (Name pl 20c. LOCATION - City of DATE must 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner al filled in by the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory erreet, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Finel cremation, the disease or condition ysician and completely prior to burial, cremati event. resulting in desth) DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate the attending physician f Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 X YES 2 NO OF DEATH? 1 YES 2 NO 10 PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL:
1 Description | 1 DOA | 1 DO OTHER 1 TES 2 1 NO 4 - Nursing Ho me 5 Residence 8 Other (Specify) 10 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After ti BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .02 COMPLETED 8 Could not be 28 4 Homicide hours 29e. CERTIFIER 1 🖪 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated, TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ha IMPORTANT: If IL HOSPITAL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Qay, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31/

SEP 2 3 1994

32 REGISTRAR'S SIGNATURE

eansh ae-And the state of t

Bayview

Johns Hopm

31. DATE FILED (Month, Day, Year)

WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

Medical

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In Inc., hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL	HYGIEN REG. NO.	Ε		
	1. DECEDENT'S NAME (First, Middle, Last)	James	C. Waller		0				2, DATE O	F DEATH DA	NY.	YEAR 3.	. TIME OF DEATH
		HES.	THE		1				9	2	1 .	14	1 45 A "
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. la:		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE O			6. BIRTHPLA Country)	ACE (State or Foreign
	225-03-0554	1 💢 M 2 🗆 F	76	YRS.					03/3	0/191	8	Virgi	nia
_	9a. FACILITY NAME (If not institution, give st	*					R LOCATIO				9c. COUN	TY OF DEAT	ГН
DIRECTOR	Johns Hopkins Bo	iyview Me	dical C	tr.	Bo	altú	nore	Citi	y				
) Di	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION					10	Dd. INSIDE CITY
붑	Maryland	Baltimo	re				Du	ında	lk			1	LIMITS?
AL A	10e. STREET AND NUMBER	<u></u>				101	. ZIP CODE				10g. CITIZ	EN OF WHA	AT COUNTRY?
BY FUNERAL	7628 Dunmanway						2	2122	2		Un	ited	States
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	TEVER IN U.S. AF	RMED					IC ORIGIN?	(Specify Yes	or No-	14. RACE —	- American Indian, Vhita, atc.
اڃ	1 Never Merried 2 Married 3 Widowed 4 KDivorced	IF YES, GIVE W	AR OR DATES				2 □XNO			sarr, ecc.)		Specify:	White
	15. DECEDENT'S EDUC	WW II	160 00	ECEDENT'S	LIGHAL O	COLIDATIO	NA I		Lan		SINESS/INDL		witte
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	ive kind of u	vork done	durina ma	st of working	9	100.	CIND OF BUS	SINESS/INDU	SIMY	
COMPLETED	12th Grade	College (1-4 or 5+)	Cran			0 <i>1</i> τ.		Bo.	thloh	em St	008 (Carp.
OM	17. FATHER'S NAME (First, Middle, Last)			0.000,0	5 0 0	0 000 0		IER'S NAI		ddle, Maiden		200 0	, o. o.p.
BE C	John Clay Waller	7.					Minn	rie 1	Hundl	eu			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a					n, State, Zip	Code)	
2	John Waller			7603	Sou	th B	end F	Road	Dun	dalk,	Mary	land	21222
	20g, METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remo	oval from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		DATE	20c, LO	CATION — C	ity or Town,	, State
() Vi	4 Donation 5 Other (Specify)		cemetery cr	y Hi	ee M	em.	Park	9/2	4/94	Mi	ddle	River	L, MD
	21. SIGNATURE OF FUNERAL SESPICE LIC	ENGEE /	11/1	,	22.	NAME AN	D ADDRES	S OF FAC	CILITY				dalk, Inc.
	" her m	Ten	4/								lalk,		
	23. PART I. Enter the diseases, or cahock, or heart failure.	omplications that	caused the de	eath. Do i	not enter	the mo	de of dyl	ng, suct	n se cerdi	c or respi	retory arre	st,	Approximate
	IMMEDIATE CAUSE (Final	List Only One Cau	se on each like	J.									Onset and Death
	disease or condition resulting in death)	DUE TO	ARDIO	GET	310		S	Hoc	K				
					,								
NO	Sequentially list conditions,		UPTU OR AS A CONSE			40P	17-	F	HEU	RY.	SM		ļ
ERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DOE 10	OH AS A CONSE	OUENCE O	-):								i
원	CAUSE (Disease Dr Injury that Initiated events	DUE TO	OR AS A CONSE	OUENCE O	F):								1
E	reaulting in death) LAST	4											
Ö													
PHYSICIAN: MEDICAL	PART II. Other algorificant condition Al Cok ol	Abuse		resulting	In the U	nderlying	g cause g	iven in	Part I.	24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	MICONOL	140076	-						-	YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
Σ	DID TODAGGO HEE		70 0111	05.08	D = 4.5			110				1 1	☐ YES 2 1 NO
AN	DID TOBACCO USE C	ONIKIBUTE	IO CAU	SE OF	DEA			NO					
S	EXAMINER?	HOSPITAL:	EB/Outpetlant 1		OTHE	R:			ock only one)				
¥	27. MANNER OF DEATH	28s, DATE OF	INJURY	28b. TIM	E OF	26c. INJ	URY AT	aldence	6 Other		NJURY OCC	URED	
	1 Natural 5 Pending	(Month, D	By, Yeer)	IN.	URY		RK? (ES 2	NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At he	ome, farm,	street, tec	tory, office					and Number o	or Rural Rout	te Number,
H	4 Homicide determined	ounding,	atc. (Specify)						City or	Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledgs, de	eath occurr	ed at the	time, data	and place.	and due	to the cave	e(a) and mer	nner as state	d,	
Ĭ₩.													nd menner as stated.
ЕСС	296. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM					Ionth, Day, Year)
<u> </u>	NW Si	MD						40-			19	1151	194
2	30. NAME AND ADDRESS OF PERSON WHO		E DE DEATH (ITE	M 27) (Type	Print)				, -		<u> </u>		

Baltimore, MD

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)	The state of the s					2. DATE OF DEATH 3. TIME OF DEATH							
	MARCELLA	WI	WESLEY					SEPTEMBER 20.1994						
1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		3:45 LACE (State or Fi	oreign				
	211-34-2409 1 M2 XF 57 YRS. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7										mel			
α	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT													
570	THE JOHNS HOPKING	S HOSPITAL		BALTIMO	RE CITY									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d													
	10e STREET AND NUMBER			BAH		7		YES 2	NO					
RA		d Ave		101. ZIP CODE					10g, CITIZEN OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y						Yee or No— 14. RACE — American Indian,				
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	TES NO	NO If yee, specify Cuban, Mexican, Puarto Ricen, 1 ☐ YES 2 NO Specify:										
											Shak			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	st of working	16b, KIND OF BUSINESS/INDUSTRY											
AP		College (1-4 or 5 +)	HOUSE	EWITH		1								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)													
BE	19a. INFORMANT'S NAME (Type/Print)	100	T		Vidi	4 _	STAL	v _						
임	SAMU - (1/2)	-led	196. MAILING A	DDRESS (Street	nd Number or Rural	Route Numi	ber, City or Tow 1 448 .	n, State, Zip Co	de) []	7				
	20 METHOD OF DISPOSITION		PLACE AND DATE OF		770 7 47 1410 ime of	2 DAT	E 20c. LO	CATION — City	or Tow	n, State	_			
	1/1 Burlet 2 Cremetion 3 Remo	rval from State ceme	clery, crematory or other	STAR	Cen.	124	B	ANV.	me	L	-			
	21, SIGNATURE OF TUNERAL SERVICE LICE	ENSEE		22. NAME AI	D ADDRESS OF FA	CILITY /			719	15				
	"Haluced	Betts		BUT	5 Func	cel 1	Henry	112611	10	13/3-	0			
	23. PART I. Enter the diseases, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	disesse or condition resulting in death)	Ventuatry	Ventulating Dependent Adult Respiting Distess Synchome							12 d	ays			
_		Pseudummas Pneumonia									ays			
<u>1</u>	Sequantially list conditions, if any, lasding to immediata	DUE TO (OR AS A CONSEQUENCE OF):								12 4	aug			
CA	CAUSE (Disease of Injury	Ventricular Fibrillation							120	My				
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ### Typertophic Cardium/apathy d. ###################################								10 year	us				
	2000	,			,					1				
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 7 YES 2 M NO.													
ED	1.5 1.0 1.0								OF DEATH?					
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
VSIC	EXAMINER? 1 YES 2 NO													
PH	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	Y WO	28c. INJURY AT WORK? 28d. DES			DESCRIBE HOW INJURY OCCURED							
B	2 Accident Investigation	200 DI ACE OF IN HIDY												
윤	3 Suicide S Could not be determined	28e. PLACE OF INJURY — At home, tarm, atreet, tectory, offica building, etc. (Specify)				281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)								
COMPLETED	A. ARMITIE													
N N	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) and menner ea stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ea stated.													
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 1.79.D.3								29d. DATE SIGNED (Month, Day, Year)					
O BE	1		L2903 ► 9-20											
5	Jennifer Lawrence 600 N. Woife Street Baltimore MD 21205													
	SEP 2 3 1994 Julia 182. REGISTRADO SIGNATURE													

All the second of the second

		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR Sept. 20, 199										YEAR QQ1	3. TIME OF		
		4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last b		yrs. last birthday	(day) IF UNDER 1 YEAR IF UNDER 2			24 HRS.	7. DATE	TE OF BIRTH		8. BIRTHPLACE (State Country)	
2		341-10-5777		1 🗆 M 2 💢 F	87	YRS.	17 - 12 -		100	13.	Dec	.25,1	-	Ill	inois
3 should	œ	Se. FACILITY NAME (If not instit					9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
.2.	01,	Anne Arunde	DENT	Medical Center			Annapolis					Anne Arund			
r. Pages	DIRECTOR		Calve				ty, town o inkir		TION			10d. INSID LIMIT: 1 YES			
nsit perm	TO BE COMPLETED BY FUNERAL	10s. STREET AND NUMBER 6717 Duck Lane					101. ZIP CODE 20754					10g. CITIZEN OF WHAT COUNT USA			
21215-0020 if or attending physician. for use as the burial-transit permit. Pages 1, 2,		11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				2 - NO	13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexican, Pue 1 ☐ YES 2 ☐ NO Specify:								
2121 al or ath for use		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind o	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) OMEMAKET					166. KIND OF BUSINESS/INDUSTRY HOME				
		17. FATHER'S NAME (First, Middle, Leet) Rudolph J. Gust						16. MOTHER'S NAME (First, Middle, Melden Surneme) Mary Kieumerlle					W		
ORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1													
BOX 68760, BALTIMORE, sale be executed within Jours after death. Page 6 may be hysician and completely filled in by the funeral director, page 5 prior to burial, cremation, or removal in traumatic event, the medical examiner must be	SATION	23. PART I. Enter the disabook, or hea immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediacause. Enter UNDERLYING	ns, ite	or plications the List only one ca	O (OR AS A	CONSEQUENCE	not enter	the mo	idae	Fu lv	ner Ave	al Ho , Ann	apo	lis.	
P.O. B th certificat ending phy i Hygiene p or other	N: MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	L.	ı		CONSEQUENCE									
RECOR requires that been signed by the of Health and shows any		Parhinions PERFORMED? 1 YES 2 5 MO OF I										MAILABLE F COMPLETION OF DEATH?			
VITAL STAN: The law rithficate has b he State Dept. or item 23	SICIAN:	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only o	ene)			
CIAN: cran: ertifica the St	YSI	1 TYES 2 NO		1 Inpatient 2			4 🗆 Nurs	ing Hom	ne 5 🗆 Re	sidence					
ON OF VITA DING PHYSICIAN: The After this certificate h death with the State D marked, or item	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO													
TISIC TITENDI STOR: A after d		3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)										Floute Number,			
= 2 k 5	COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
TO THE HOSPIT TO THE FUNER be filed within IMPORTANT:	O BE C	29b. SIGNATURE AND MITLE O	CENTIFIER	an	MD) 3	D C	36	29d. DA) (Month, Day,

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2108

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

2

SEP 2 3 1994

94 28072 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH YEAR 20 1994 TH Year) 8. BIRTHPLACE (State or Foreign , 1906 Illinois 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY LIMITS? 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify: White OF BUSINESS/INDUSTRY Iome Maiden Surname) erlle y or Town, State, Zip Code)
MD 20754 20c. LOCATION — City or Town, State Baltimore, MD Home, P.A. nnapolis, MD 21401 Approximata Interval Between r reapiratory arrest, **Onset and Daath** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WAS AN AUTOPSY PERFORMED?

DHMH-18 Rev 1/89

1 - YES 2 - NO

29d. DATE SIGNED (Month, Day, Year) 9/21

SIZE 2.2.432

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSICIAN: Th	After this certificate	feath with the State	marked, or item
IL OR ATTEND	PECTOR: A	2 Mins after d	1 Mar 28 Is
THE HOSPITA	THE PARTY	ed within 7.	ORIGINA
2	0	pe	7

	FOR STATE REGISTRAR	STATE OF MA			TMENT OF H			GIENE		
	1. DECEDENT'S NAME (First, Middle, Last) Jenn E Zink						2. DATE OF DE	ATN DAY	9 4	3. TIME OF DEATH
Ď	4. SOCIAL SECURITY NUMBER 219 - 16 - 4066	1 ☐ M 2 🖎 F	AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1 4/10/25	TN	Coun	NPLACE (State or Foreign try) yland
TOR	99. FACILITY NAME (If not institution, give s St Joseph Hos RESIDENCE OF DECEDENT	street and number)			96. CITY, TOWN O	R LOCATION OF DE	ATN	- 1	COUNTY OF I	
DIRECTOR	10a. STATE 10b. COUNT	Baltimo	- 10	nown or LOCAT	ION				10d. INSIDE CITY LIMITS? TOTAL NO	
FUNERAL	137 Barber & Cart				-	2/234		WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Merried 2 Married FORCES? 1 ☐ YES 2 ☐			If yes, spi	ENDENT OF NISPAN ocify Cuben, Mexice 2 NO Specify	n, Puerlo Ricen, e		5— 14. RAC Blac Spec	E — American Indien, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade N/A	only highest grade completed) ((usual occupation of the done during more retired.)		16b. KIND	Own	Home	
BE CON	17. FATNER'S NAME (First, Middle, Last) James Kling				16. MOTNER'S NA Elsie			me)		
10	190. INFORMANT'S NAME (Type/Print) George S. Zink (husband) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 137 Bourbon Ct., Baltimore, MD 21234									
	1 X Burlal 2 Cremetlon 3 Removal from State 4 Donation 5 Other (Specify) St.			matory or oth osept	r DISPOSITION (Na her plece) 1 S Ceme	tery	9/24	Baltin	N – City or T	own, state Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME AN Schi	nunek Fu Belair	петаl Н	omes,	Inc.	
	23. PART L Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	aused the de on each line	•	ot enter the mo	de of dying, suc	h as cardiac or	reapiratory	y arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO							D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	DiCustostians 2	□ pos	OTHER:	ACE OF DEATH (Ch				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	JURY	28b. TIME	E OF 28c. INJ URY WO	URY AT RK?	28d. DESCRIBE		OCCURED	
ETED B	3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	NJURY — At ho	me, term, s	treel, fectory, office		28f. LOCATION City or Town		imber or Rural	Route Number,
CONT	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS									(e) end menner ea stated.
18	296, SIGNATURE AND THE OF CENTIFIE	Ega Mo				79c. LICENSE MUN	ИВЕЯ	29d.	G/4/	D (Morett, Dwy. Year)
0	30. NAME AND ADDRESS OF PERSON WI	/	OF DEATH (ITES	# 27) (Type,	Print)					

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DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	OIME OF MARIE	CERTIFIC			REG. N			
1. DECEOENT'S NAME (First, Middle, Lest)	RHTT	S (BABY	241		2. DATE OF OEATH MONTH	DAY YEAR	3, TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	11 94	2055 My M	
1	M 2 F	HOUR WIS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	74 U	AY 4 land	
98. FACILITY NAME (If not institution, give stree UMMS, 22-S. GREE RESIDENCE OF DECEDENT	NEST. BAL	TIMORE		OR LOCATION OF DE		9c. COUNTY OF	DEATH ORE	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
Ma n			Ba	14 mo	16		1 D TES 2 NO	
1509 1500	end St		, 10	2/2	26	10g. CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Wever Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yea, ap		NIC ORIGIN? (Specify Y in, Puarto Rican, atc.) y:	Bla	cety:	
15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondery (0-12)	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of wo. Iffe. Do NOT use	rk done during mo	ON sst of working	16b, KINO OF B	USINESS/INDUSTRY	William	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		
	Frank E	utts		Neva	Fuson			
190. INFORMANT'S, NAME (Typo/Prig)	ts	196. MAILING A	DORESS (Speed of	and Number or Rural I	S+ City or 15	wn, State, Zip Code) a/tv. M	11 2/224	
20e. METHOD OF OISPOSITION 1		p. PLACE AND DATE OF netery, crematory or other		eme of	OATE 20c. L	OCATION — City or	Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME A	NO ADDRESS OF FA	CILITY			
IMMEDIATE CAUSE (Finei disease or condition resulting in death)	disease or condition resulting in death) • RESPIRATORY DISTRESS SYNDROME OUE TO (OR AS A CONSEQUENCE OF): EXTREMELY LOW BIRTH WEIGHT OUE TO (OR AS A CONSEQUENCE OF): EXTREMELY LOW BIRTH WEIGHT CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other eignificant conditions of PESPONSE	To FULL	MEDICA	L Co	DE.	PERFO	RMEO?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UTE TO CAUSE O	PF DEATH YES 26. PLACE OF DEATH	Check only one)	UNCERTAIN	<u> </u>			
EXAMINER? 1 YES 2 NO 1	OSPITAL:		OTHER:	e 5 🗆 Residence	8 7 Other (Specific)			
27. MANNER OF OEATH 1 Metural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic		261. LOCATION (Street City or Town, State	and Number or Rural	Route Number,	
	N: To the best of my know						(s) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	1-	INSTRUCT		29c. LICENSE NUN D-438		29d. DATE SIGNE	O (Month, Day, Year)	
30. NAME AND YOURESS OF PERSON WHO CO GURJIT S. MARWAH	30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) GURJIT S. MARWAH, 22 - S. GREENE ST. BALTIMORE - 2/201(MD)							
31. OATE FILED (Month, Day, Year) 8/9/98FP261994	32. REGISTRAR'S HON	when Randall	,			<u> </u>		

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DA	w	YEAR 3. TIME OF DEATH
	Helen Mard	us Bak	He	elen 1	Madda	as B	Baker		G	,	94 7 7 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	210-07-3258	1 □ M 2 💢 🖟	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 8-13-15		Pennsylvania
	9s. FACILITY NAME (If not Institution, give st	reet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
œ	Holy Cross Hosp				0.7						
6	RESIDENCE OF DECEDENT	Ital				<u> </u>	Tver	Spr	ıng	MC	ontgomery
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY
5	Maryland Prin	ce George	e's	0	Oxon Hill						LIMITS?
	10e. STREET AND NUMBER						. ZIP CODE	E .		100. CIT	TIZEN OF WHAT COUNTRY?
FUNERAL	7103 Livingston	Road					2	0745			USA
ΞĮ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S AR	MED	12.3	W.C. DEC			C ORIGIN? (Specify Yes		
	1 Never Merried 2 X Married	FORCES? 1	YES 2	NO	11	t yes, sp	ecify Cube	n, Mexican	, Puerto Rican, etc.)	or No-	14. RACE — American Indien, Black, White, etc.
βÁ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES					☐ YES	2 NO	Specify.			Specify White
0	15. DECEOENT'S EDUC	ATION	18a, DE	CEDENT'S	USUAL OC	CUPATIO	ON		18b. KIND OF BUS	INFSS/IM	
E	(Specify only highest grade Elementary/Secondary (0-12)		iiho	live kind of v	work done a se retired.)	luring mo	st of working	ng	100.11.10.07		
<u> </u>	8th	College (1-4 or 5 a		Bank	Telle	or.			Nat 1	Rank	of Washington
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			- Carrie	1011		10 11077	JEDIO NAS	AE (First, Middle, Maiden		. OI Washiington
		ert Madda	as Sr				10. MOT	TEN S NAR	Theresa M		ion.
BE	19a. INFORMANT'S NAME (Type/Print)	ore naude					1				
2	George W. Baker								Oute Number, City or Town		
	20a. METHOD OF DISPOSITION					-		u .			yland 20745
	1 Buriel 2 Cremetion 3 Remo	oval from State	cemetery, cre	ematory or o	ther place)				1		- City or Town, Stata
	4 Donation 5 A Other (Specify) Enternment Resurrection Cem. Mausoleum 9-10-94 Clinton, Maryland							inton. Maryland			
- 1	George P. Kalas Funeral Home							Α.			
	· WOM I have	8									1, Md. 20745
	23. PART I. Enter the diseases, or c	omplications the	t caused the de	eath. Do r	not antar	tha mo	da of dyi	ing, such	as cardiac or reapi	ratory ar	reat, Approximata
	ahock, or haart failure. I	lat only one cau	aa on aach line								intarval Batween Onset and Death
	disease or condition	Caro	noto a 1	-0-	40	1	0				7 A
	reaulting in death)	DUE TO	(OR AS A CONSE	OUFNCE OF	T OTE	100					1 Clays
-		DUE TO	e 1.	4. 1	- 1	10.1	1				
CERTIFICATION	ordenicially hat conditiona,	DUE TO	(OR AS A CONSE	OUENCE OF	F):	3623					
¥.	If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):						
E	resulting in death) LAST										
빙		•									
	PART II. Other algnificant conditions	contributing to	death but not i	resulting	in the un	deriyin	g cause ç	givan in I	Part I, 24s. WAS AN PERFOR		
EDICAL	dresetes well	tus							1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ ' ' ' '		OF DEATH?
Σ.	DID TOBACCO USE	CONTRIBUT	E TO CAU	JSE OI	F DEA	TH '	YES [1 NC			1 L YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL								ck only one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:	EB/Outpetient 2	I DOA	OTHER	t:					
Ĭ	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJ		sidence	3 Other (Specify) 28d. DEŞCRIBE HOW II	N IIIBY OC	CIBEO
	1 📉 Natural 5 🗌 Pending	(Month, D			URY M	t 🗀 '	PRK?	NO.	avo. organist non n	100111 00	CONED
BY	2 Accident Investigation	28e, PLACE O	F INJURY At ho	ome term i	street tectr				201 LOCATION (Created	and Marson	and Complete Manager
	3 Suicide 8 Could not be detarmined detarmined 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						r or Hural Houte Number,				
<u>u</u>	20. CERTIFIED										
로	29a. CERTIFIER (Check only one)										
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of a	xemination and/or	Investigatio	n, in my o	pinion, d	eath occur	ed at the t	lme, data and place, and	d due to t	he cause(a) and manner as stated.
Ш	296. SIGNATURE AND TITLE OF BERTIFIER	1		2			29c. LICE	NSE NUM	BER	29d, DA	TE SIGNEO (Month, Day, Year)
∞ ∥	MILL	-ol	06/	6			02	97	93	D 9	7/7/94
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)			1 4			/ / / /
	Michael Linco	10.	0 10		3 4G	-01	1.	And	C. Tuer C	2000	mo 20902
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE			~	Jin	.,,,	3,100 07	7.17	. 0 20/02
- 4	SEP 0 9 1994	Tulia Da	vidson-Ran	doll)

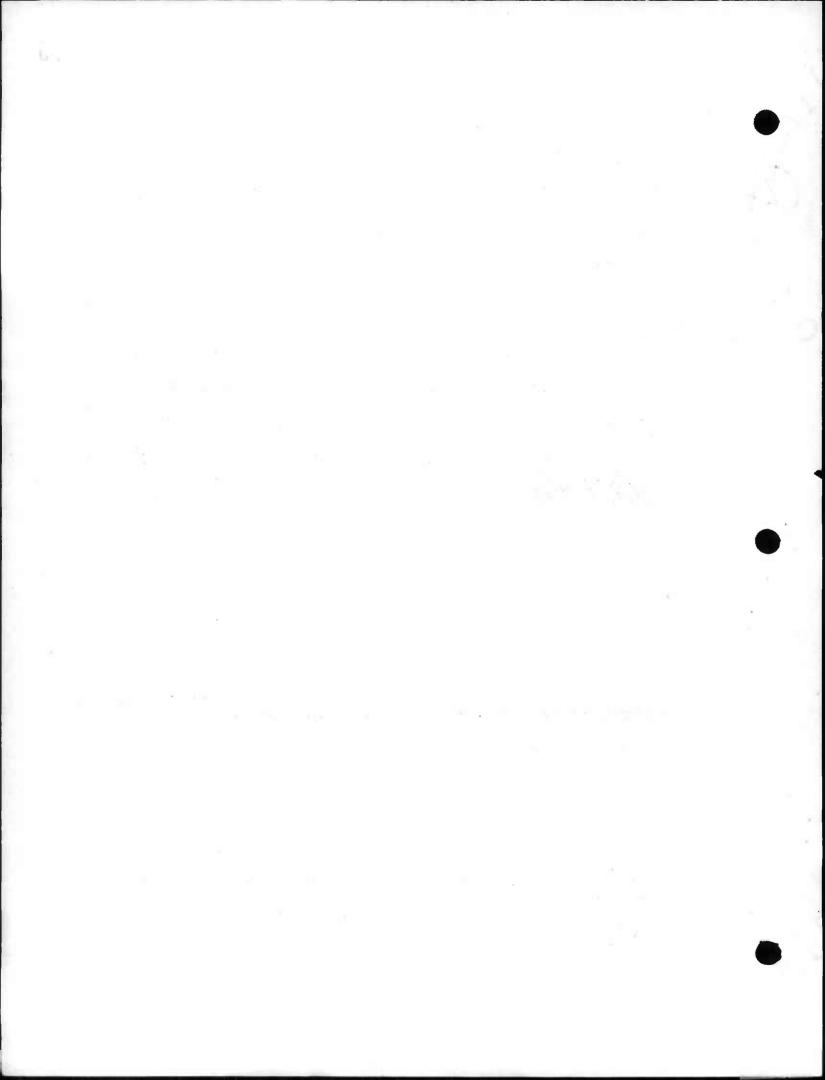
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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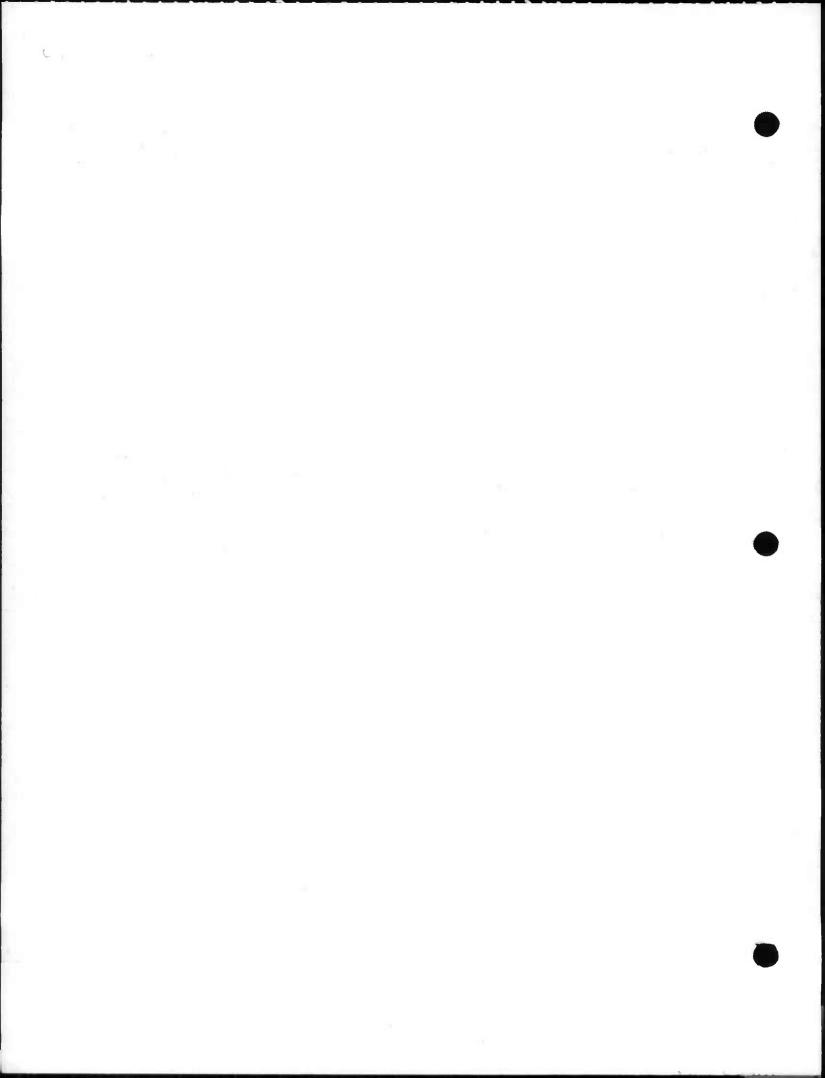
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MAR				OF HEALTH AND	MENT	AL HYGIENI			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DA	TE OF DEATH			3. TIME OF DEATH
James	н.	Beckner					Se		1994	YEAR	12:58 P.M.
4. SOCIAL SECURITY NUMB			GE (In yrs. les		IF UNDER 1 Y		. 7. DAT	E OF BIRTH		BIRTHPI Country)	LACE (State or Foreign
579 10 3773		M 2 □ F	77	YRS.	MONTHS C	AYS HOURS MIN.	1 -	27-19	I7 Virginia		
9a. FACILITY NAME (If not ins	stitution, give stree	t and number)			9b. CITY, TO	OWN DR LOCATION OF	DEATH		9c. COUNT		
Bowie Heal		er			B	owie			Pri	ince	George's
RESIDENCE OF DEC	10b. CDUNTY			10c. CITY	TOWN DR	LOCATION				9115656	IOd. INSIDE CITY
Maryland	Prince	George's									LIMITS?
10e. STREET AND NUMBER	TITHCE	George S		1 10	owie_	101, ZIP CDDE			10e CITIZE		IAT COUNTRY?
12646 Hemi	no Lana					20716					
11. MARITAL STATUS		2. WAS DECEDENT EVE			13. WA	S DECENDENT OF HISE	PANIC DRIC	GIN? (Specify Yes			States - American Indian.
1 Never Married 2 🔀		FORCES? 1 Y		NO	If y	es, specify Cuban, Mex YES 2 🙀 NO Spe	Ican, Puert			Black, Specify:	White, etc.
3 Widowed 4 Divor	ced					X.				opcony.	White
15. DECE (Specify only	DENT'S EDUCAT	ION ripleted)	(G	CEDENT'S L	ork done dun	JPATION ng most of working	1	66. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)						
12			Sur	<u>pervi</u>	sor			Water		er D	ept.
17. FATHER'S NAME (First, Mic								t, Middle, Maiden S	Surname)		
Charles Irv		ckner					y Po				
			19			treet and Number or Run		•	, State, Zip C	Code)	
Catherine]						ning Lane	-	wie Md.			716
h⊟Burlal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		I from State	cemetery, cre	AND DATE OF	er place)		D/		ATION CI		
21. SIGNATURE OF FUNERAL			Fort	Linco	In Ce	emetery	FACILITY	<u> </u>	rentw	ood	Md.
DI.	4 6	2		D.		ME AND ADDRESS OF					
2000	11 6	. COOV	ma.	1162		000 Annapo					715
23. PART i. Entar the dis ahock, pr he	seases, or com eart failura. Lis	ipiications that cau t only one cause o	sad the de	eath. Do no	t enter th	e mode of dying, a	uch as ca	ardiac or respir	atory arras	st,	Approximata interval Batween
IMMEDIATE CAUSE (Fin		~ \.	\			N		. 1			Onset and Death
disease or condition resulting in death)	→ a	Carcles	BU		ma	ry hr	Ne	M.			
•		DUE TO (OR)	S A CONSE	QUENCE OF							
Sequentially list condition	ons, b	DUE TO (OR A	S A CONSE	OUENCE OF							-
if any, leading to immed cause. Enter UNDERLY!!		DOE TO (ON)	3 A CONSE	DOENCE OF							
CAUSE (Disease or injurting that initiated events	у 🕻 с.	DUE TO (OR A	S A CONSE	DUENCE OF)	:					_	
resulting in death) LAST											
	u										+
PART II. Other significer	t conditions c	ontributing to deat	h but not r	eauiting in	the unde	riying cause given	in Part i.	24a. WAS AN A PERFORI			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
								1 TYES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
										1	☐ YES 2 ☐ NO
DID TOBACCO US		SUTE TO CAUSE					NN 🗆				
25. WAS CASE REFERRED TO EXAMINER?	1	OSPITAL:	28. PLAC	E OF DEATH	OTHER:	one)					
1 TYES 2 NO		☐ Inpatient 2 ☐ ER/C		□ DOA	4 - Nursing	Home 5 - Residenc	_				
27. MANNER OF DEATH 1 Natural 5 F	Pendina	(Month, Day, Yea		28b. TIME INJU	RY	c. INJURY AT WORK?	28d. D	EŞCRIBE HDW IN	JURY OCCU	RED	
2 Accident	nvestigation	20. 21.02.22			_	YES 2 NO	-				
	Could not be letermined	28e. PLACE OF INJI building, etc. (S	JRY — Al ho Specify)	me, farm, st	reet, factory	, office	28f. LC	OCATION (Street ar ty or Town, State)	nd Number of	r Rural Rou	ite Number,
29e. CERTIFIER	(-/ (TT= - C)	-1 0.00 to 1.00	711	821 1 1 1 1							
(Check only						, date and place, and d					
2 MEDIC		on the pasts of exemin	nion and/or	investigation	, in my opin	lon, death occured at t	he time, de	ite and place, and	due to the	ceuse(a) a	ind manner es stated.
296. SIGNATURE AND TITLE	OV V	55				29c. LICENSE N			29d. DATE	SIGNED (A	fonth, Day, Year)
	~ ~	280 Mil				10-20	109	<i>+</i>	> 3	0	1994 1
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, I	Print)					I	
24 DATE EU EO 44	t and	I as are								1	
31. DATE FILED (Month, Day, Y		32. REGISTRAR'S 6	HUSON-	Pandala							
SEP 0 S	7 1004	1		*							



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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1	1	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit; Page 2 should	7	į
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	IICLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ficate	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	100
	ICIA	erti	the	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH my they epremser DAY A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign MAR 21,1939 DAYS HOURS 1 🗌 M 2 😾 F 280-34-6833 55 YRS. OHIO 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH PRINCE GEORGE'S HOSPITAL CENTER PRINCE GEORGE'S CHEVERLY DIRECT RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S UPPER MARLBORO 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16403 HALLOWAY COURT 20772 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK В 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 7 Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th INVENTORY MGMT. SPECIALIST GOVERNMENT once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) a a PRESTON FISHER, JR. GENEVA MARTIN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DEAN BRITTER (SON) 16403 HALLOWAY CT, UPPER MARLBORO, MARYLAND 20772 96 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremation 3 ☑ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) FOREST CEMETERY 9/10/94 TOLEDO, OHIO 21, SIGNATURE OF FUNERAL SERVICE LICENSEE J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD, LANDOVER, MARYLAND 20785 nedical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete shock, or heert feilure. Liet only one ceuee on each line Intervei Between Onset end Deeth IMMEDIATE CAUSE (Finei E disease or condition resulting in deeth) obstructure dulmorary disease Muc event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in deeth) LAST 6 PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN 3 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK? this c marked, OR ATTENDING PHYS INJURY 1 Natural 1 YES 2 NO BY After t 2 Accident Investigation 26a. PLACE OF INJURY — At home, ferm, street, factory, office 28 18 1 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 8 Could not be DIRECTOR: / COMPLETED 4 Homicide determined PORTANT: If item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE FUNERAL filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CHATT AG LICENSE NUMBER BE THE SIGNED (Month, Day, Year 뿓 Migueto 2 2 3 ₹ 0 CAUSE OF DEATH (ITEM 27) (Type, Print,

wha Davidson-Randall

1994

ì . TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI				IENE . NO.			
A SHOOT	1. DECEDENT'S NAME (First, Middle, Last) Carrie Jane	Buckler				2. DATE OF DEA MONTH, Sept 4	тн	YEAR 3.	1:00 A M	
				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, 16	н 1916	B. BIRTHPL Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give street	and number)	9	b. CITY, TOWN C	R LOCATION OF DI			TY OF DEAT		
OR	Southern Maryland H	ospital Cent	er	Clinto	n		Princ	e Geo	orge's	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
D		George's	Ug	pper Ma	rlboro			1	LIMITS?	
RAL	6510 Donin Drive		-	101	20772				at country? cates	
FUNERAL	6510 Pepin Drive 11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U	.ŞARMED	13. WAS DEC	ENDENT OF HISPAI			- American Indian,		
Β¥	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2X NO	If yes, specify. Cuban, Mexicen, Puarto Rican, etc.) 1 ☐ YES 24 NO Specify: Who					Yhita, etc.	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		Be. OECEDENT'S US (Give kind of wor	k done during mo:		16b. KIND 0	F BUSINESS/INOU			
PLE	Elementary/Secondary (0-12)	college (1-4 or 5+)	Home I			Own	Home			
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	- 1.1			
BE C	William M. Tippett				Mary	M. Boswe	211			
2	190. INFORMANT'S NAME (Type/Print) Andrew Buckler					Route Number, City			20772	
	20e. METHOD OF DISPOSITION	20b. Pi				r Marlbo				
20c. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name Sept 8, 1994 E cappeller), Organistry Confidence of the Clark Computer of th								aryland		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY. CE FUNERAL HOME, INC 66 Old Alexander Ferry Road, Clinton, Maryl										
_	Stanley E.	Marsel	2			_			raryland	
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused to only one cause on each	he desth. Do not h line.	enter the mo	de of dying, suc	h as cerdisc or	reepiratory srre	st,	Approximate interval Between	
- 1	IMMEDIATE CAUSE (Fine) disesse or condition	Pneumonia	3						Onset and Deeth 3 Days	
	oue to (or as a consequence of):									
NO N	Sequentially list conditions, Due to (or as a consequence of):									
CAT	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):							
CER	d									
AR.	PART II. Other eignificent conditions of Acute CVA, Diabe	ontributing to death but	not recuiting in	the underlying	ceuse given in		AS AN AUTOPSY REORMEO?	AV	ERE AUTOPSY FINDINGS VALLABLE PRIOR TO	
EDIC	Rheumatic Heart		S, ADCVD	7		1 U Y	ES 2X NO	O	OMPLETION DF CAUSE F DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES		UNCERTAIN	<u>-</u>		1	□ YE\$ 2 X NO	
CIAI	25. WAS CASE REFERRED TO MEDICAL		PLACE OF OEATH							
IYSI	1 YES 24 NO 1	Inpatient 2 - ER/Outpati		☐ Nursing Home		8 Other (Specify				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO		28d. DESCRIBE P	IOW INJURY OCCU	IRED		
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, office		281. LOCATION (S City or Town,	treet and Number o	r Rural Rout	te Number,	
ETE	4 Homicide determined			- -						
COMPLETED		N: To the best of my knowled in the bests of examination a								
	29b. SIGNATURE AND TAPLE OF CERTIFIER	THE SESSE OF EXAMINISTRATE	nazor investigation,	in my opinion, or						
BE	Am			Ī	D1943		.	9/4/1	OO /	
٩	30. NAME AND ADDRESS OF PERSON WHO CO							<i>)</i> / 4 / ⊥	224	
	Frank M. Ryan, M.D. 31. DATE FILED (Month, Day, Year)	. 6188 Oxon	Hill #60	1, Oxor	Hill M	aryland	20745			
	SEP 0 7 1994	32. REGISTRAR'S SIGNATURA	tall							



BALTIMORE, MARYLAND 21215-0020
ter death. Page 6 may be retained by the hospital or attending physician.
the funeral director, page 5 should be detached for use as the burial-transit permit. Process to buse

DIVISION OF VITAL RECORDS, P.O. BOX 68760.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled after this cast bept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

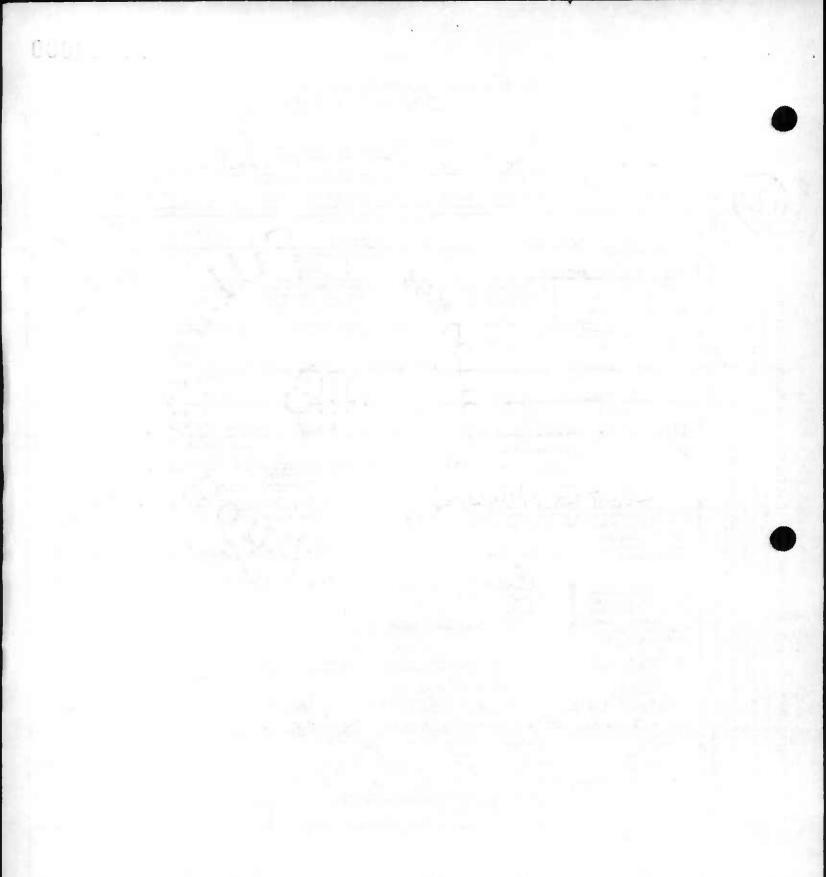
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REC	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		WEAR	3. TIME OF DEATH
	JAMES EDWA	ARD	BRADY			SEPTEMB	FR 4	YEAR 1 Q Q L	10 45P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday) 🛮 🗷	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн	6 BIRTI	HPI ACE (Stein or Formion
			32 YRS.	HTHS DAYS	HOURS MIN.	Feb.	23,191	Wes	st Virginia
	9a. FACILITY NAME (If not institution, give street Prince Georges Col	et and number)	ital	Cheve	R LOCATION OF DI	EATH		UNTY OF E	Georges
2	RESIDENCE OF DECEDENT			CIRCVC			PLI	nce	Georges
낊	10a, STATE 10b, COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
DIRECTOR	Maryland Prince	e Georges	Uppe	r Marl	boro				LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 404 Kettering Cou	rt			. ZIP CODE 20772		10g. Cf	TIZEN OF	WHAT COUNTRY?
NS I	11. MARITAL STATUS	U.Ş. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Som	offy Yee or No		E — American Indian,	
BY FI	1 Never Married 2 X Married 3 Wildowed 4 Divorced	2X NO TES	If yes, sp	ecify Cuban, Maxica 2 X NO Specif	in, Puerto Rican, i	ric.)	Spec	k, White, etc.	
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b. KIND	OF BUSINESS/II		casian
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working		holic t		rsity
COMPLETED	12		Director	of Grar ent Cor	its & itracts	040		J111 V C	Lorey
Ö	17. FATHER'S NAME (First, Middle, Last) Joseph Thurman	Brady			16. MOTHER'S NA	ME (First, Middle, I			
BE	Joseph Thurman 19a. INFORMANT'S NAME (Type/Print)					Beans			
2	Margaret C. Brady		404 Ket	tering tarlbor	Court MD 20	Route Number, City)772	or Town, State, 2	Zip Code)	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	val from Stata 20b.	PLACE AND DATE OF D	ISPOSITION (Na	me oi	DATE 2	ec. LOCATION -		
	4 Donation 5 Other (Specify)	Ur	etery, crematory or other niv. Medic			1964	Washin		
	Mutanes	Kenon	_	Colum 225 M	p appress of fa bia Mort lissouri	Nary Se	rvices 0011	, Inc	
	23. PART I. Enter the diseeses, or co	mplicetions that ceused	the daeth. Do not	anter the mo	ngton, I da of dying, suc	h ee cardlec or	respiratory e	rreet,	Approximate
	ehock, or haert failure. LI	at only one ceuse on ee	ch line.						Intervel Between Onsat and Death
	disease or condition resulting in death)	SMALL	13191	1451	IN	E ADC	TIAGI	/	10 may
	a.	DUE TO (OR AS A	CONSEQUENCE OF):			, / 1/-0	,,,,,,		10 2103
8	Sequentially list conditions, 6.	DUE TO (OD AC A	CONSEQUENCE OF):						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A	CONSEQUENCE OF):						
Ĕ	CAUSE (Disease or Injury that Initiated avanta	DUE TO (OR AS A	CONSEQUENCE OF):						
	reculting in death) LAST								
	PART II. Other aignificant conditions	contributing to death bu	t not resulting in t	he underiving	cause given in	Part I 24a V	WAS AN AUTOPSY	/ 244	. WERE AUTOPSY FINDINGS
DICAL		MA Co		no ondonym,	y cause given in	P	ERFORMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
LLI H						['□'	YES 2 NO		OF DEATH?
× I	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	ПИОГ	LINICEDTAIR				1 NES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH		ONCERIAII	<u> </u>			
Sic	EXAMINER?	HOSPITAL:		THER:	s 5 🗆 Realdence	B ☐ Other /Speci	fv)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ	URY AT		HOW INJURY O	CCURED	
PY I	1 Netural 5 Pending 2 Accident triveatigation	(MONIN, Day, IBBI)	INJURY	M 1 🗆 1	RK? 'ES 2 NO				
	2 Cultilde - 288 PLACE OF INITIRY - At home form street feature office							Route Number,	
COMPLETED	4 Homicide detarmined	1 4052 511112				Only or rown	, orace)		
4	29a. CERTIFIER (Check only	AN: To the best of my knowle	dga, death occurred a	t the time, data	and place, and due	to the cause(a) a	nd manner as st	ated.	
ŏ N	one) 2 MEDICAL EXAMINER:	On the beals of axemination	and/or investigation, is	n my opinion, d	eath occured at the	time, data and pic	eca, and dua to	tha cause(a	a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								(Month, Day, Year)	
2	Norman K	Johney	MI		2005	74	▶ <u>/</u>	SEPT	5,1994
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	MID 32	31 50	PERIOR	(ANF	Bru	EM	10207/5
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE ON THE		10202	01.00	2000	1.0	
	SFP 0 8 1994	guna trund	don- John Ca	-					

1	-	FOR STATE REGISTRAR
		REGISTRAN

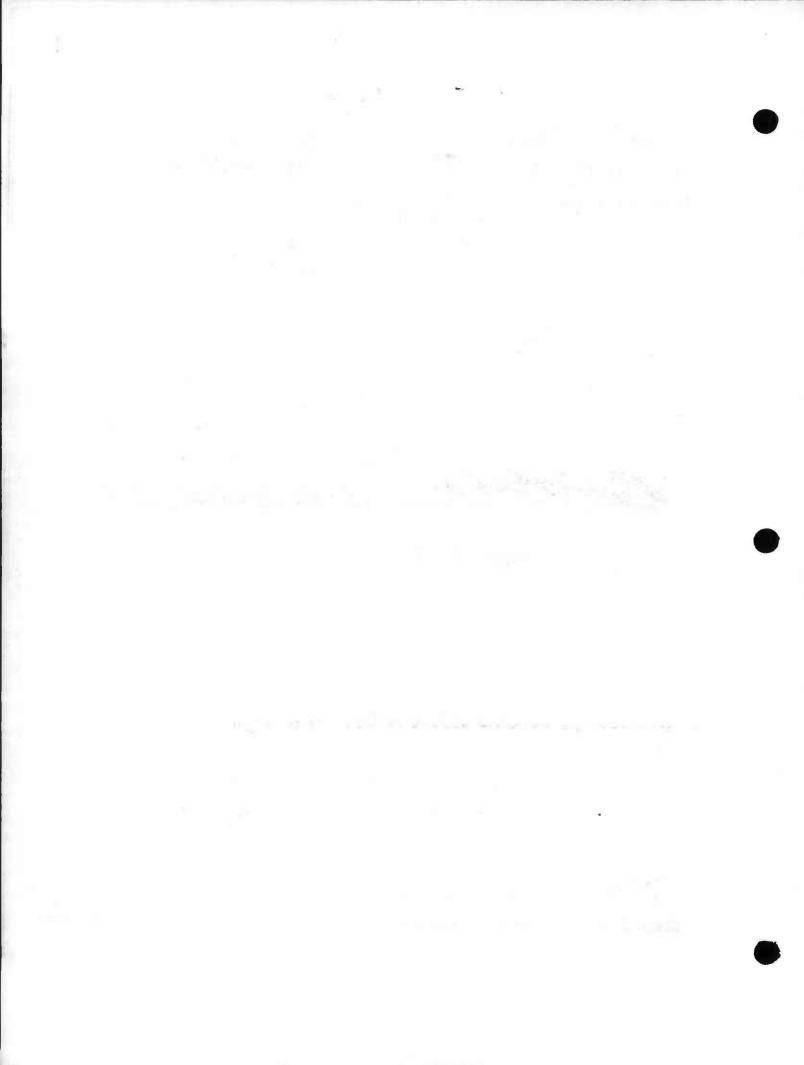
	HEGISTHAH		CERTIF	ICALE	P DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	Bessie Disha		is			09 04		
	4. SOCIAL SECURITY NUMBER	and the second second second	(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	219-14-3049	1 M 2 F	96 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year) 09-12-1		Worcester
	9e. FACILITY NAME (If not institution, give str	eet end number)		9b. CITY, TOV	N OR LOCATION OF D		9c. COUNTY	
Œ	Hartley Hall	Nursing Ho	ome		moke Ci			cester
K	RESIDENCE OF DECEDENT			1000	mone or		WOL	cester
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
5	Maryland Worces	tor		Stockto	on			LIMITS?
	10e. STREET AND NUMBER	CCI		JUUCKU	10f. ZIP CODE		I AND CATALOGO	OF WHAT COUNTRY?
FUNERAL	5504 5 5 4				25, 25, 1025			
뿔	5634 George Islan				21864			JSA
F	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	3 ☑ Widowed 4 □ Divorced	IF YES, GIVE WAR OR			ES 2 NO Spec			Specify:
								White
巴	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S (Give kind of a	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUS	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us	e retired.)				
2	10		Homema	ker				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Meider	Sumame)	
BE	Benjamin Disharoo	n			Pov	ie Brittin	aham	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Stre		Route Number, City or Tox		del
2	Florence B. Groto	m				comoke Cit		
	20e. METHOD OF DISPOSITION		b. PLACE AND DATE					or Town, State
	1 KBurial 2 Cremation 3 Remo	val from State C6	metery, crematory or o	ther place)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	•	
	4 Donation 5 Other (Specify)	PC	ortersville	Methodi	St. Cemetery	19/7 Sto	ckton,	Maryland
	100	1			son Funer			
	Scott S.	Mels	0			ocomoke Ci	tv. Md.	21851
	23. PART I. Enter the diseases, or co	emplications that cause	ed the death. Do n	ot enter the	mode of dying, su	ch as cardiec or resp	iratory errest	Approximate
	ehock, or heart fellure. L	let only one ceuse on	eech line.			4 4		Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	(1)01.7.	Ch.		0.0	A. O	1	Onset and Death
	resulting in death)	-DUE TO COR AS	A CONSEQUENCE OF	rece	Coccas	regard	in	1 Mar
		DOE TO (OH AS	A CONSEQUENCE OF	10 -	A.	Infaire lerosi		
O	Sequentielly list conditions, b.	are.	A CONSEQUENCE OF	ce	eriose	ceeau	2	lyre
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	DOE TO TOH AS	A CONSECUENCE OF	0 /	7 dlan	0-	*	_
일	CAUSE (Disease or Injury C.	Venue	A CONSEQUENCE OF	X U	yacro,	telles	des	3 yrs
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):				
E	d.							
	PART ii. Other significent conditions	contributing to deeth	but not resulting i	n the underly	ing cause given in	Part I. 24s. WAS AF	ALITOBEV	24b. WERE AUTOPSY FINDINGS
EDICAL	Olan maio	Demen	-		mg cacco giron in	PERFO		MAJLABLE PRIOR TO
	000000000000000000000000000000000000000		Per		7	1 TYES	2 NO	COMPLETION OF CAUSE OF GEATH?
Σ	contract	ures of	Kou	eer g	Zytremi	lus		1 - YES 2 (NO
z l	Muonie +	top Der	cubiti	is a	leer			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	, , , , , , , , , , , , , , , , , , ,			PLACE OF DEATH (C	neck only one)		
S		HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF OEATH	28e. OATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. OESCRIBE HOW	INJURY OCCUR	EO
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	INJ	44	WORK? YES 2 NO			
BY	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJUR	Y — At home, farm, a			281. LOCATION (Street	and Number or E	Purel Pouts Number
COMPLETED	4 Homicide 6 Could not be	building, atc. (Spe	ecify)			City or Town, State)	turer rioute number,
E	AA AFRICER							
릴		AN: To the best of my know						
ŏ I	one) 2 MEDICAL EXAMINER	On the basic of examination	on end/or investigation	n, In my opinion	, death occured at the	time, date end place, er	nd due to the ce	euse(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d DATE SI	GNEO (Month, Day, Year)
8	(/2/k//500	Can	9	NAGO .		505		
2	30 NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSE OF D	EATH (ITEM 27) (5mg	Print)	1227	, , ,	7 7	0-74
1	GREGORIO M.	RELLA	A L	. 205	411111	all api	FIELD	MDZIOIZ
	31. DATE FILED (Month, Day, Year)	12 BECKETPARIS CO	MATURE.	1403	FIALL H	WI, CICIS	17021	, MD 21817
_	SEP 0 9 1994	JZ. HEGISTHAN'S SIG	MATURE Sam-Randal					
		The property of the	State of the said					



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		-/ 1	3. TIME OF DEAT	ТН		
	GORDON MITC	HELL B	ROWN			Sept.	10, 19	9 4	3:00	рм		
				F UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BURE			LACE (State or Fo			
	217-00-4434	$1 \times M^2 \cup F$ 24 yrs. Oct. 30, 1969 Texas										
	9a. FACILITY NAME (If not institution, give stree	t and number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNT	Y OF DE	ATH			
DIRECTOR	9006 Holly Ave.			Waldo	orf		Ch	narl	es			
딥	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c CITY I	TOWN OR LOCAT	ION			Τ.	IOd. INSIDE CITY			
5	Maryland Cha	Charles Waldorf										
	10e. STREET AND NUMBER	ries	ZIP CODE		10a CITIZI		YES 2	NO				
H.	9006 Holly Ave.		75									
FUNERAL		2. WAS DECEDENT EVER IN L		13. WAS DEC	20601 ENDENT OF HISPAN	IIC ORIGIN? (Specify		J.S.	- American Indi	nn.		
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 YES		II yee, spe		n, Puarto Rican, etc.)	(inching 1)	Black, Specify:	White, atc.			
BY	3 Widowed 4 Divorced				Am			Whi				
삗	15. DECEDENT'S EDUCAT (Specify only highest grade col		(Give kind of work	k done during mo:		16b. KIND OF I	BUSINESS/INDU	STRY				
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use n	ettred.)								
COMPLETED		4	Clerk				il Sal	es				
8	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Maid										
BE	William M. Bro	te Sch										
2	19a. INFORMANT'S NAME (Type/Print)		Route Number, City or 1									
	Annette Schäfer					e. La P						
	1 Buriel 2 X Cremation 3 Remova	I from State carnet	LACE AND DATE OF I	nlacel			LOCATION — CI					
	4 Donestion 5 Other Specify Huntt Crematory 9/11 Waldorf, Md.											
	The Huntt Funeral Home Inc											
_				P.Ö.	Box 15	6 Waldo	cf, Md	12	0604			
	23. PART I. Entar tha diseases, or con shock, or heart fallura. Lia	nplications that caused to it only one cause on each	tha death. Do not th lina.	anter tha mo-	da of dying, suci	h as cardiac or re	apiratory arre	et,	Approxim			
	IMMEDIATE CAUSE (Final								Oneat and			
	disease or condition resulting in death)	a. Asphyxiation DUE TO (OR AS A CONSEQUENCE OF):										
	1		CONSEQUENCE OF):									
No.	Sequentially list conditions,	Hanging DUE TO (OR AS A C							-			
F	if any, laading to immediata cause. Enter UNDERLYING	DUE TO (OH AS A C	ONSEQUENCE OF):									
E S	CAUSE (Disease or injury that initiated aventa	DUE TO (OR AS A C	ONSEQUENCE OF:						+	-		
CERTIFICATION	reaulting in death) LAST	(2							1			
CE									+			
AL	PART II. Other significant conditions of	ontributing to death but	not reaulting in	the undarlying	causa givan in		AN AUTOPSY ORMED?		VERE AUTOPSY F			
20							2 NO	(COMPLETION OF O			
ME						^	21	1	YES 2	NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO	A						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PL	ACE OF DEATH (CH	ck only one)						
YSI	1 NO 1	☐ Inpatient 2 ☐ ER/Outpat	lent 3 DOA 4	☐ Nursing Hom	5 X Realdenca	8 Other (Specify)						
F	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	OF 28c. INJ	RK?	28d. DESCRIBE HO	N INJURY OCCU	JRED				
BY	2 Accident Investigation	9/10/08	399			hangli	-					
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify	At home, farm, stre	et, tectory, office	'	28f. LOCATION (Stre City or Town, Stre	et and Number	r Aural Roi	ute Number,	G		
<u> </u>		NN	16			9006 t	toly 1	NC	Margon	*		
COMPLET		N: To the best of my knowled	dge, death occurred a	at the time, date	and place, and due	to the cause(a) and	nanner as atatec	d.				
ON	one) 2 MEDICAL EXAMINER:	On the basis of examination a	and/or investigation,	In my opinion, d	eath occured at the	time, data and place,	snd due to the	cause(a)	and manner sa s	tated.		
Deputy Medical Examiner 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Y									Month, Day, Year)			
		Charles Co			D273		▶ Sei	pt.	11, 1	994		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri									
	Howard Haft MD	Medical Ex	kaminer	Charl	es Co.	4 Indus	trial	Dr.	Waldo	rf		
	31. DATE FILED (Month, Day, Year) SEP 1 4 1994	32. REGISTRAR'S SIGNAT	URE									
H	SEP 1 4 1994	Juna amound	H-POPOLATE							(



FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

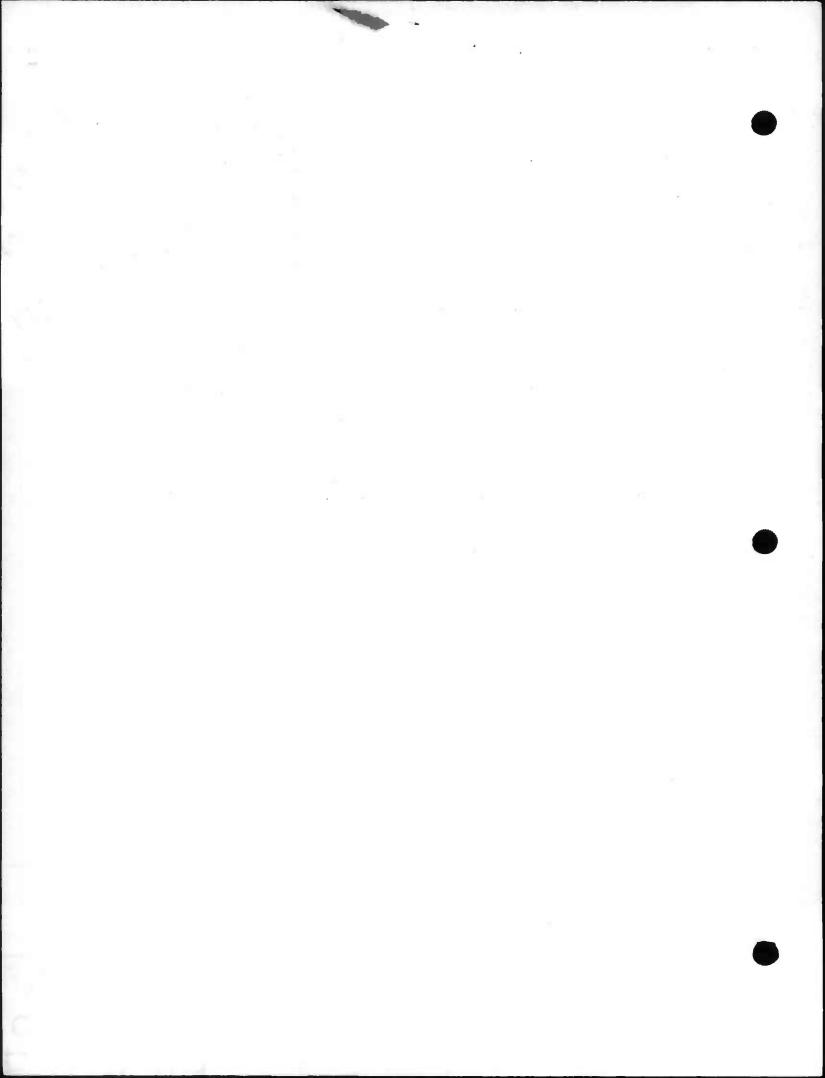
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEAR	3. TIME OF DEATH			
	Paul B. Cooke Jr.					September	6, 1994	12:35P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	195-16-6734	1 💢 M 2 🗆 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07-08-192	23 Coul	PA			
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH					
FUNERAL DIRECTOR	Perry Point VA	Medical Ce	nter	Perry	Point		Cecil				
¥	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
ā	MD H	arford		Hav	re de Gr	ace		1 YES 2 X NO			
AL	10e. STREET AND NUMBER		1	10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
EB	122 N. Earlton	Road			21078			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED			NIC ORIGIN? (Specify Ye	e or No- 14. RA	CE American Indian, ick, Whita, atc.			
	1 Never Married 2 Married	FORCES? 1 X			ecify Cuban, Mexica 2 NO Specif	n, Puerto Ricen, etc.)		ick, White, atc.			
ВУ	3 🔀 Widowed 4 🗌 Divorced	1943 -	1945			20.		White			
E	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION Work done during me	ON ast of working	16b. KIND OF BU	JSINESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se retired.)							
MP	11		Seli	f Employ	ed	Gener	al Const	ruction			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider					
BE	Paul B. Co	ook, Sr.				Bertha Alio		er			
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox					
	Mr. Blaine M. Co	ok	3902	Lexingto	n St.,	Harrisburg	g, PA 1	7109			
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval from Stata	20b. PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. LO	OCATION — City or	Town, State			
- 9	Bel Air Memorial Gardens 9/10 Bel Air, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		Witch	ADDRESS OF FA	Funeral	Home P	Δ			
	1 Mullburn	. Xmm	II.			ce, MD					
	23. PART i. Entar the diseasea, Dr	complications that ca	used the death. Do					Approximata			
	shock, or heart failura. IMMEDIATE CAUSE (Final	List Dnly Dna Cause	on each line.					Interval Between Onset and Death			
	disease or condition	Adenocar	cinoma, Pl	eural Fl	uid						
- II	resulting in death)		AS A CONSEQUENCE O								
z		h									
임	Sequentially list conditions, if any, laading to immediate	DUE TO (OR	AS A CONSEQUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C									
	that initiated evants	DUE TO (OR	AS A CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other algolificant condition	na contributing to das	ith but not resulting	in the underlyin	g cause given in	Part I. 24e. WAS AI	N AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS			
DICAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 □ YES	2X NO	OF DEATH?			
Σ						—		1 PES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			20.0	LACE OF DEATH (CA						
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO	HOSPITAL:	u	OTHER:							
14S	27. MANNER OF DEATH	1X Inpetient 2 ER			URY AT	8 Other (Specify)	Muley coores				
	1 X Netural 5 Pending	(Month, Day, Y	bar) IN	JURY WO	YES 2 NO	28d. DESCRIBE HOW	INJUNY OCCURED				
8₹	2 Accident Investigation	28s. PLACE OF IN	JURY — At home, tarm,			28f. LOCATION (Street	and Number or Dun	(Courte Musellan			
	3 Suicide 8 Could not be 4 Homicide determined	building, atc.	(Specify)	ativet, factory, offic	•	City or Town, State		r Houte Namber,			
Ψį	29a. CERTIFIER										
MP	(Check only	ICIAN: To the best of my						2 to 100 100 100 100 100 100 100 100 100 10			
COMPLETED	2 MEDICAL EXAMINE		nation end/or investigati	on, in my opinion, o	leath occured at the	lime, date end piece, e	nd due to the ceuse	e(e) end menner as stated.			
BE (295 SIGNATURE AND TITLE OF CERTIFIE	70	0		29c. LICENSE NU	WBER	29d. DATE SIGNE	ED (Month, Day, Year)			
	1 racella 1	The same	X0-1	(MA)	D27578		9-6-9	24			
	0 1 1		100	- 703	227370			7			
5	30. NAME AND ADDRESS OF PERSON WH							-			
	30. NAME AND ADDRESS OF PERSON WHAT A VETT THAT HERNANDE?		Medical C			nt, MD 219					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.

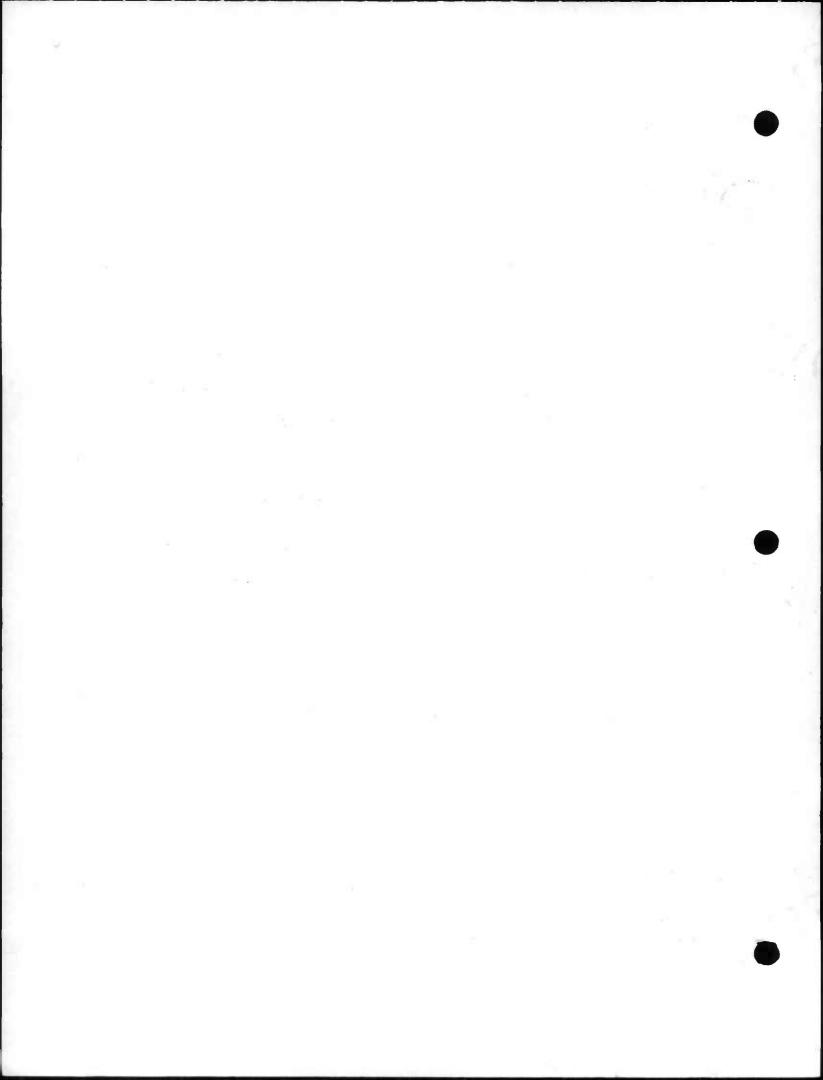
BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH A		NTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	ALE OF BEATT	2.	DATE OF DEATH			3. TIME OF DEAT	ГН
- 6	Nellie Agatha	Creighton				eptember		YEAR QQ4	1:00	рм
- H				UNDER 1 YEAR IF UNDER 24	HRS. 7. I	DATE OF BIRTH		8. BIRTH	PLACE (State or Fo	-
- 1	579-38-6488	□ M 2 😾 F	88 YRS.	NTHS DAYS HOURS I		(Month, Day, Year) ec. 22, 1	905	Country N O W		
6	9a. FACILITY NAME (If not institution, give street	t and number)		. CITY, TOWN OR LOCATION				NTY OF D		
OH.	1790 Golden Beach I	Road	١	lechanicsvil	1e		St	Mary	t _c	i
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						DC	IIII y		
뿚		•		OWN OR LOCATION				1	10d. INSIDE CITY LIMITS?	
0	Maryland St Mary	y's	Mecha	anicsville					1 NES 2 X	NO
BY FUNERAL DIRECTOR				- The state of the					HAT COUNTRY?	
NE	1790 Golden Beach I	Road 2. was decedent ever in	110 10110	20659					States	
F	1 Never Married 2 Merried	FORCES? 1 YES	2 V NO	13. WAS DECENDENT OF H If yes, specify Cuban, it	Mexican, Pu		or No-	15.5	 American Indi Whita, atc. 	an,
8	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 🗌 YES 2 💢 NO	Specify:			Specif	White	
G	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S US	JAL OCCUPATION		18b. KIND OF BUS	INESS/IND	DUSTRY		-
Ē		College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)						- 1
APL	6		Homemake			Own Ho	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				S'S NAME (First, Middle, Maiden				
BE (Patrick Joseph Barn	ry		Nora		0'cconne	11			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or				o Code)	*	
	James Patrick Creig	ghton	1790 Go	den Beach R	d., M	<u>lechanics</u>	vill	e, M	D 2065	9
	20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from Stata come	tery, crematory or other	ISPOSITION (Name of place)	1	DATE 20c. LOC			,	
		1.01	t Lincol	Cemetery 9			twoo	d, M	aryland	
	21. SIGNATURE OF UNERAL SERVICE LICENS			Fort Linco			ma	Tnc	3/101	
	lest C. F.	en MOO	877	Bladensbur						- 1
	23. PART i. Entar tha diseasea, pr com ahock, pr haart fallura. List	plications that caused	tha death. Do not	anter tha moda of dying	, such aa	cardiac or raspin	ratory an	rest,	Approxim	
	iMMEDIATE CAUSE (Final	t Drily Dria Cause Dri aa	cn lina.						intarval B Onset and	
	disease or condition resulting in death)	TERMY	the XI	2 MELMA	xds	VIE	5 N &	E	1001	184
	disease or condition a. TELMY to ALZ YELMED VICESE 10 DUE TO (OR AS A CONSEQUENCE OF): NEWRON TO VEGENERATION D. NEWRON TO VEGENERATION									
Z	Sequantially list conditions, b	MEMB	07th	NEGER	ER	MONTH			1009	RS
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
5	CAUSE (Disease or injury C	DUF TO (OR AS A	CONSEQUENCE OF):							
Ē	that initiated events resulting in death) LAST								į	
핑									+	
AL	PART II. Other algnificant conditions c		t not resulting in t	he underlying cause give	an in Part	I. 24a. WAS AN . PERFOR		24b.	WERE AUTOPSY F	
Dic	SEI	HILITY				1 _ YES 2	X NO		OF DEATH?	CAUSE
M			27772						1 YES 2	NO
PHYSICIAN: MEDICAL	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF							
S S		IOSPITAL:	0	26. PLACE OF DEAT						
IYS	1 YES 2 NO 1	Inpetient 2 ER/Outpe		Nursing Home 5 X Reald						
	1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?		1. DESCRIBE HOW I	IJURY OC	CURED		- 1
8	2 Accident Investigation	28a. PLACE OF INJURY	At home from other	M 1 YES 2 N		. LOCATION (Street a				
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specif	y)	n, lactory, office	281	City or Town, State)	na Numbe	r or Hurai H	loute Number,	
COMPLETED	29a. CERTIFIER									
29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 Image: MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
8		In the basis of axamination	and/or investigation, i	n my opinion, death occured	at the time	, date end place, and	due to th	he cause(e	end <i>m</i> anner ee s	stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	Norm 10.		29c. LICENS	SE NUMBER	'	29d. DAT	E SIGNED	(Month, Day, Year)	
ဥ	20 NAME AND ADDRESS OF PERSON	47/18 PV	WG 1	10 N 16	197		S	epter	mber 2,	1994
	30. NAME AND ADDRESS OF PERSON WHO C				-					
	Andres Larra, M.D. 31. DATE FILED (Month, Day, Year)	32 DECISTRADIS SICHA	TUDE	Rd., Lanhan	n, Ma	ryland	2070	6		
	SEP 0 9 1994 gu	ia Davidson-Man	ndelle							
	4-1									



use as the burial

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MP	ept ept
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be manned by the morphial of	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical staminer must be notified at once.

BY

COMPLETED

8

2

6 Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

1 Natural

2 Accident

3 Suicide

									94	6.00	0004		
2	FOR STATE REGISTRAR	STATE OF			RTMENT OF F			ENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle	le, Last)					1	DATE OF DEATH		3.	TIME OF DEATH		
	BEATRICE	- D.	COLBERT					MONTH DA		YEAR	10 15 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24	HRS. 7	OATE OF BIRTH (Month, Day, Year)			ACE (Stata or Foreign		
	579-16-8542	1 □ M 2 🂢 F	87	YRS.	MONTHS DAYS	HOURS	WIN.				. D.C.		
	9a. FACILITY NAME (If not institution				96. CITY, TOWN			Н	9c. COUNT				
OR	PRINCE GEO		PITAL		CHE	VERL	Y		PRIN	CE G	EORGE'S		
5	RESIDENCE OF DECEDE	COUNTY		I 40+ 00	Y, TOWN OR LOCAL								
H		rince Geo:	rae Is		andover						d. INSIDE CITY LIMITS?		
FUNERAL DIRECTOR	10e. STREET AND NUMBER		-90 5								YES 2 NO		
RA	7468 Village	e Green Te	errace		101	ZIP CODE	785				States		
N.	11. MARITAL STATUS		NT EVER IN U.S. AF	MED	12 1990 050								
	1 Never Married 2 Marrie	YES 2 XI	NO	If yes, sp	ecify Cuban, I	Maxican, I	ORIGIN? (Specify Yea Puerto Ricen, etc.)	or No-		American Indien, Vhita, atc.			
BĄ	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE	WAR ON DATES		1 YES	2 📉 NO	Specify:			Specify B1	ack		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housekeeper Private							SINESS/INDU	STRY	·				
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
F	12th Housekeeper Priva												
8	17. FATHER'S NAME (First, Middle, I							(First, Middle, Melden	Sumame)				
38	Shelto							. Dean					
2	19a. INFORMANT'S NAME (Type/Pri							te Number, City or Town			6		
1	20a. METNOD OF DISPOSITION 1 □ Burlel 2 💢 Cremation 3		20b. PLACE	AND DATE	OF DISPOSITION (No	ame of		OATE 20c. LO	CATION — CI	ty or Town	State		
	4 Donald S Other (Specify) Lee's Crematorium 9/8/94 Clinton, Marylan										arvland		
	21. SUMATURE OF FUNERAL SER	VICE LICENSOF	11-	-7	22. NAME AI	OF FACIL	ITY			7			
	D WANT	Mens	21/	//			RAL HOM		Jach	D C			
\neg	23. PART /. Enter the disease	es or complications th	at caused the de	ath Do									
	23. PART . Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween												
	disease or condition	Marco	14 /	mark	1,00	A .	11				Onaat and Death		
H	reaulting in death)	a. Ve Cec	OR AS A CONSE	DUENCE O	E.	den	Ne	7			duy		
_		- 80	100/11/1	· ·	10mail	1	ach	1100			iska		
<u>o</u>	Sequantially list conditiona, if any, leading to immediata	b. DUE TO	(OR AS A CONSE	DUENCE O	F):	1	an	va			1		
CAT	cause. Entar UNDERLYING) .				U							
Ĕ	CAUSE (Disesse or injury that initiated avanta	DUE TO	(OR AS A CONSE	DUENCE O	F):								
ERTIFICATION	resulting in death) LAST	d											
O	PART ii. Other significant co	aditions contribution to	dooth but not a	o mulalma	In the condesion					1			
8	Herry	21344	destil but hot	eauting	In the underlying	g cause give	in in Pa	rt i. 24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIMPLETION OF CAUSE		
ā	- Jones	7-11-0	14	TAX	yeur	7		1 YES 2	NO		DEATH?		
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WINCERTAIN												
AN	25. WAS CASE REFERRED TO MED				TH (Check only one)	UNCER	TAIN						
[[EXAMINER?	HOSFITAL:			OTHER:								
HYS	27. MANNER OF DEATH								I II IBV OOC!	DEO			
The state of the s													

26a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF

28c. INJURY AT WORK?
1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 446 29d. DATE SIGNED (Month, Day, Year)

CI	1	FOR 1 - STATE REGISTRAR	STATE OF M				F HEALTH AND OF DEATH		YGIENE EG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)				TOTAL C	J. DEAIN	2. DATE OF D		3.1	IME OF DEATH
		DANIEL	I	ALBERT	1	(CREEK	AUGU	DAY	YEAR	7:35 PM
die.		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BE	RTH	8. BIRTHPLAC	CE (State or Foreign
1	0	579-50-4011	1 🔀 M 2 🗌 F	55	YRS.	MONTHS DA	YS HOURS MIN	(Month, Day, 09 – 13		country)	D.C.
(7)	"	9a. FACILITY NAME (If not institution, give st	reet and number)				WN OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH	
(4)	DIRECTOR	2300 BLOCK BEA	VER ROA	VD	_	LANI	DOVER		PRI	NCE C	GEORGES
- Pag	REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	DCATION			10d	. INSIDE CITY LIMITS?
			ice Geor	rge's	Gl	en Ar	den			1 2	YES 2 NO
in. ansit permit.	FUNERAL	8627 Irving St	reet				101. ZIP CODE 2078	35		ted S	COUNTRY? States
21215-0020 al or attending physician. for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 🔯 Married 3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If yes	DECENDENT OF HIS s, specify Cuban, Max YES 2 X NO Spe	ican, Puarto Rican,	atc.)	Black, Wh	African
1215-0 ir attending use as the	윤	15. OECEDENT'S EOUC (Specify only highest grade	CATION completed)	16a.	OECEDENT'S	USUAL OCCUP	PATION	16b. KINC	OF BUSINESS/INDU		0011
	COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5	-)			g most of working cle Oper	ator	Priva	ate	
YLAND by the hospit be detached at once.	NO.	17. FATHER'S NAME (First, Middle, Last)						NAME (First, Middle,			
d by the lid be	BE C	Daniel Al	bert Cr	eek				Viola 1	Barber		
MARYLAND retained by the hospit 5 should be detached notified at once.	0	19a. INFORMANT'S NAME (Type/Print)	Crook						ty or Town, State, Zip (,	715
E, P		LaConstance T. 200. METHOD OF DISPOSITION		205 BLAC		OF DISPOSITION			Hill, MO		745
TORE e 6 may t rector, pag		1 X Buriet 2 Cremation 3 Ramo	ovet from State	cemetery.	cremetory or o	ther plecel			9/94 La		
ALTIM death. Page funeral dir examiner		21. SIGNATURE OF FUNERAY SERVICE LIC	EMSEE /	-	1	NAM PER	E AND ADDRESS OF	FACILITY		ando v	CI /IIu.
		John!	Mell	VALT	111		EWART F		N.E.,	Wash	D.C.
in fours affi ely filled in by nation, or remo		23. PART / Inter the diseases, or shock, or heart failuse. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only ona cau	ise on aach li	lne.		mode of dying, a			st,	Approximata Intarval Batween Onset and Death
D P P -	2	/		(DR AS A CON							
a cia pe	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEDUENCE O	F):			·		
O. BOX ertificate be ng physician giene prior t	FIC	CAUSE (Disease or Injury thet initiated events	DUE TO	(DR AS A CON	SEOUENCE O	F):					
OS, P.O. B(he death certificate the attending physi Mental Hygiene pri	H	resulting in deeth) LAST	l								
ORD that the ed by the th and M any inju	EDICAL	PART II. Other eignificent condition	s contributing to	deeth but no	t resulting	in the underl	ying cause given		WAS AN AUTOPSY PERFORMED? YES 2 NO	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
C s ag . ts	Σ.	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DE	ATH Y	S II NO	☐ UNCERTA	MN 🗆		1 '	YES 2 NO
ITAL I	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TH (Check only					
F VITA SICIAN: The certificate of the State i, or item	YSIC	1 XYES 2 NO	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER:	Home 5 Residence	o 6 Other (Spe	city) TN	AUTO	
이 등 등 등	у РНУ	27. MANNER OF DEATH 1 X Netural 5 Pending Investigation	28e. DATE OF (Month, D		28b. TIN	IURY	INJURY AT WORK?	28d. DESCRIBI	E HOW INJURY OCCU		
DIVISION OR ATTENDING F. DIRECTOR: After I hours after death item 28 is mar	red BY	2 Accident Investigation 3 Suicida 8 Could not be determined	28s. PLACE O building,	F INJURY — At atc. (Specify)	home, term,	street, tactory,	office	281. LOCATION City or Tow	(Street and Number o	r Rural Route	Number,
A S A	COMPLET								and manner as stated		
THE HOSPITAL THE FUNERAL filed within 72 t	00 =	2 MEDICAL EXAMINES 29b. SANATURE AND TITLE OF CERTIFIER	on the basis of a	-errinetton and/	or investigation	n my opinio	29c. LICENSE N		place, and dua to the	cause(a) and SIGNED (Mon	
를 를 를 다	8	1) 1000 11 -0 21	11/100	GR MI)				DATE:	L.G. LEW (MUII	, way, 1941)



DONALD G WRIGHT

31. DATE FILED (Month, Day, Year)

SEP 0 9 1994

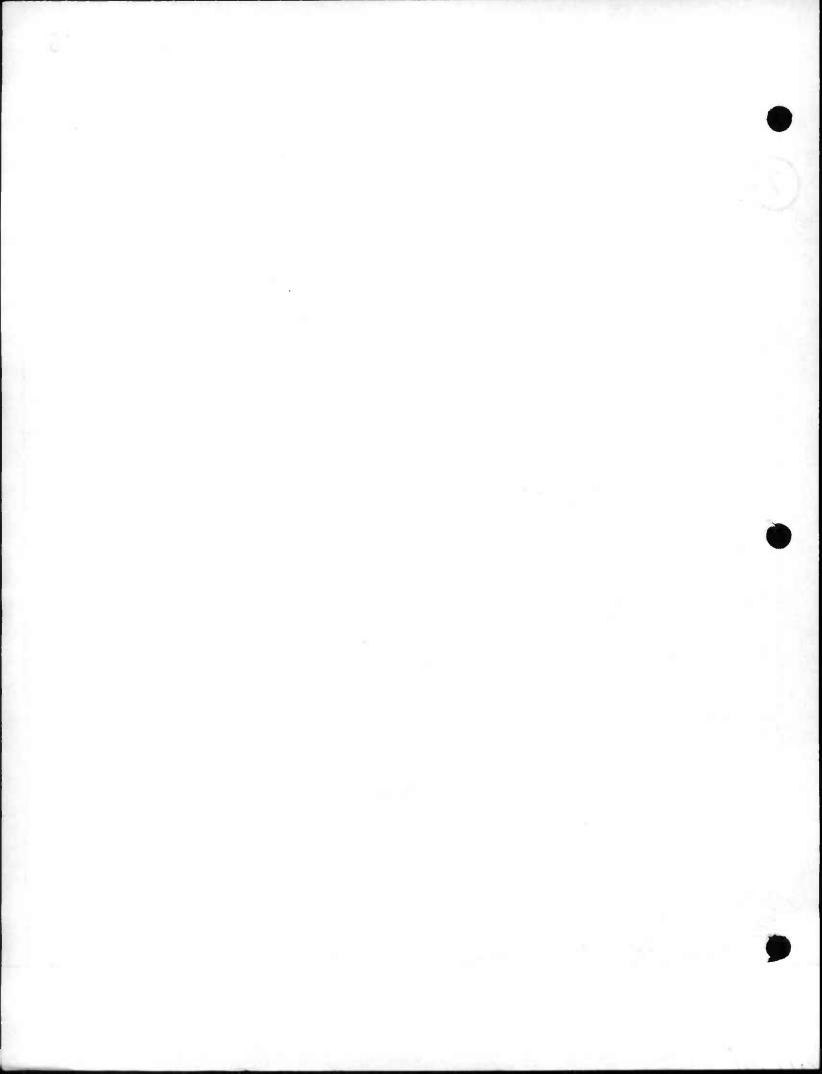
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1	3. TIME OF DEATH		
	BENITA	R. CL	.ARY			Septembe	DAY 2. 19	994 3:25 pm		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	577-92-4082	1 □ M 2 🖾 F 32	YRS.	ONTHS DAYS	HOURS MIN.	Month/ Bay. 169		vash.,D.C.		
œ	9a. FACILITY NAME (If not institution, give st Doctor's Commun		- 21		n Location of D	EATH		Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	miley hospit	-41		IIIaili		FITHC	e George's		
RE	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Md .	P. G.			Hgts.			1 XYES 2 ND		
FUNERAL		7311 Shady Glen Terr.					-	EN OF WHAT COUNTRY?		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE.—										
	1 Never Married 2 Married	FORCES? 1 TYES IF YES, GIVE WAR OR DA		if yes, spo	ecify Cuban, Maxic	en, Puerto Rican, etc.		Black, Whita, etc.		
D BY	3 Widowed 4 Divorced		22144					Black		
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of wo life. Do NOT use	rk done durina ma	N st of working	16b. KIND OF	BUSINESS/INDU	STRY		
COMPLETED	1 2 th	College (1-4 or 5+)	:	Don	estic					
OM	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Mai	den Surnama)						
BE C	Charles Cla	сy				ie Dick	,			
10 B	19a. INFORMANT'S NAME (Type/Print) Winnie Byers					Route Number, City or		Code)		
-	-		11680	S. La	urel Dr	.,Laure		20708		
- 1	20a. METHOD OF DISPOSITION Disposition 3 - Remo	oval from Stata geme	PLACE AND DATE OF	DISPOSITION (Na er placa)	me of	OATE 20c	LOCATION CI	ty or Town, Stata		
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Ha	rmony M	lem. Pa	rk 9/1	0/94 La	ndover	, Md.		
0	· Yany		att			ington	& Sons	.Inc.		
- 0				492	25 Burr	oughs A	ve.N.	E.		
	23. PART i. Enter the diseases, or c ahock, or haert failure. I	omplications that caused List only one cause on ae	the death. Do no ch iina.	t entar the mo	da of dying, suc	h as cerdiec or re	spiratory arres	st, Approximate Interval Batween		
	iMMEDIATE CAUSE (Final disease or condition	1		0 11-	1			Onset and Death		
	resulting in death)	DUE TO OR AS A	CONSEDUENCE OF	rec	muyer ly			1 wx		
z	Lancaca de la companya de la company	AIS	Lo					1541		
CERTIFICATION	Sequentially list conditiona, if sny, leading to immediata	DUE TO (DR AS A	CONSEQUENCE DF):					Je.		
CA	Cause. Enter UNDERLYING CAUSE (Disesse or injury									
E	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CE		1.								
AL	PART II. Other significent conditions	contributing to death bu	it not resulting in	the underlying	ceuse given in	Pert I. 24a, WAS	AN AUTOPSY FDRMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Old		P _{article} and the second				1 _ YES	2 ND	COMPLETION DF CAUSE OF DEATH?		
ME						_		1 _ YES 2 _ NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
HX	27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCI	RED		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR	RY WOI		that are all the second				
	3 Sulcide 6 Could not be	28s. PLACE OF INJURY - building, etc. (Specifi	At home, farm, str	eet, factory, office		28f. LOCATION (Str.	et and Number or	Rural Route Number,		
	4 Homicide determined	, , , , , , , , , , , , , , , , , , , ,				City or Town, St	are)			
3 Suicide 6 Could not be detarmined 2ss. PLACE OF INJUNY — At nome, farm, street, factory, office 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 20s. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
S S	one) 2 MEDICAL EXAMINER	3: On the beals of exemination	and/or investigation,	In my opinion, de	ath occured at the	time, data and place	and due to the	cause(a) and manner as stated.		
BEC	29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)									
5	Tynp	6 12			020	721	D 9	-2-99		
	30. NAME AND ADDRESS OF PEHRON WHO	completed cause of DEA	TH (ITEM 27) (Type, P	HAN	SOVER	PKWY	GR	EFNBELT MO		
	Renuka Gupta 7215-D HANOVER PKWY GREENBELT MO SEP 0 8 4994 June Navidson-Randell									



6. BIRTHPLACE (State or Foreign Washington, D.C.

Approximats interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

		ROBERT J.	CORY							NTH DA NTH DA DTI-MRA	7/-	YEAR (994	3. TIME OF DEATH
	ij	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	last birthday)	IF UNDER 1 YE	\rightarrow	IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)	,	6. BIRTH Country	PLACE (State or Foreign
20		220407432	1 💢 M 2 🗆 F	51	YRS.	MONTHS DA	YS	HOURS MIN.		/22/43			ington,D.
f 3.	or I	9a. FACILITY NAME (If not institution, give						R LOCATION OF DE	EATH			NTY OF D	
7	CTOR	Southern Marylan	d Hospital	Cent	ter Clinton					Prince George's			
N	REC	10a. STATE 10b. COUNT	TY	···	10c. CIT	Y, TOWN OR LO	OCATI	ION					10d. INSIDE CITY LIMITS?
7.	DIRE	Maryland	P.G.		For	t Was	hi	lngton					1 YES 2 NO
- bed	ERAL	10e. STREET AND NUMBER					-	ZIP CODE	10g. CITIZEN OI				HAT COUNTRY?
ransit	NE	8114 Allentown			20744								.A.
the burial-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR 1965-6	YES 2	ARMED NO	If yes	s, spe	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puer		or No-	14. RACE Black Specifi	- American Indian, t, White, atc. White
se as t	BE COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION (e completed)	16a.	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BUS	SINESS/INC	DUSTRY	
for u		Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT use retired.)					-			
detached for u		12 17. FATHER'S NAME (First, Middle, Lest)			Asbestos Worker					Const		ion	
be det		Azro J. Co	rv					18. MOTHER'S NA			Sumame)		
5 should notified		19a. INFORMANT'S NAME (Type/Print)					eet an		Warner				
noti	임	Gayle Y. Cory		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 8114 Allentown Rd. Ft. Washin									
ector, page		20a. METHOD OF DISPOSITION 1 Å Burlay ? □ Cremetion 3 □ Rer	mount from State	20b. PLAC	LACE AND DATE OF DISPOSITION (Name of DATE					ATE 20c. LO	TE 20c. LOCATION — City or Town, State		
rector		4 Domation 5 Other (Specify)		Par.	klawn			1 Park 9					Md.
e funeral dir examiner		21. SIGNATIVE OF FUNERAL SERVICE L	of al	las	0/			ge P. Ka Oxon Hi					Md. 20745
and the constant with the control of		23. PART i. Enter the discases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dniy ona cause	Dn each i	ina.			da of dying, such			ratory an	rest,	Approximats interval Betwoonset and Da
ending ph I Hygiene or other	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE DF): c. DUE TO (OR AS A CONSEQUENCE OF):											
ed by the att th and Menta any Injury,	- 1	PART II. Other algnificant condition	ns contributing to de	ath but no	ot resulting	in the under	iying	cause givan in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDIN
of Heal	: MEDICAL	ASSESTOS	EXPUSI	JKE		PISE			_	1.1	□ NO		COMPLETION OF CAUS DF DEATH?
has t Dept	SICIAN	'DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	COMIKIBUTE	IO CA	USE OF			ACE OF DEATH (Ch	_	one)			
ficate State	Sic	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA	OTHER:	Home	5 - Residence	6 0	ther (Specify)			
s cert	PHY	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIS			JRY AT	_	DESCRIBE HOW II	NJURY OC	CURED	
ter thi ath w	ВУ	1 Natural 5 Pending 2 Accident Investigation	(ES 2 NO					
ONECTOR: After this certificate has be hours after death with the State Dept. Item 28 is marked, or item 23 s	ETED	3 Suicida 6 Could not be 4 Homicide detarmined	28e. PLACE DF I building, etc	NJURY — At :: (Specify)	home, ferm,	street, fectory,	office	·		OCATION (Street a lity or Town, State)	and Number	or Rural R	oute Number,
₹ R =	MPL		SICIAN: To the best of my										201. 210H 734H
THE FUNERAL (Flied within 72 h	00		IER: On the basis of exer	million and/	or investigation	on, in my opinio	on, de			ata and place, an			
POR FIE	BE	29b. SIGNATURE AND TITLE OF CERTIFII	A					29c. LICENSE NUN	ABER		29d. DAT		(Month, Day, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randalle

32. REGISTRAR'S SIGNATURE

8926

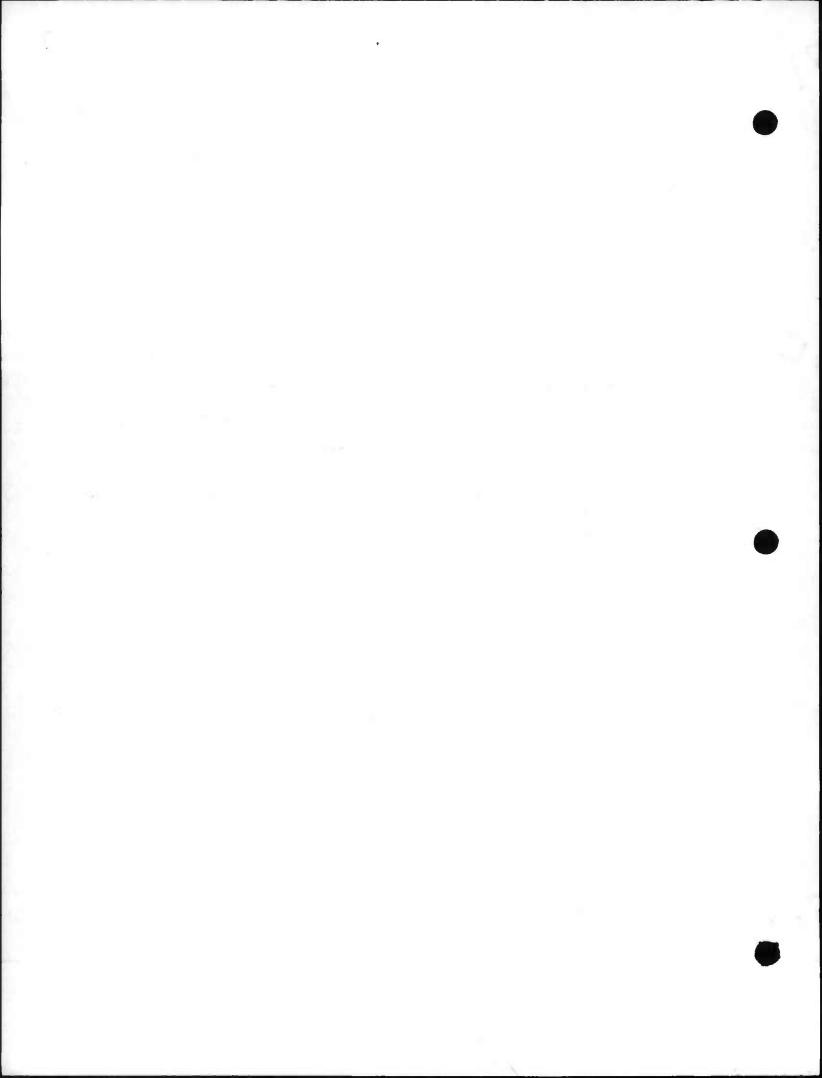
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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31. DATE FILED (Month, Day

DHMH-16 Rev 1/89



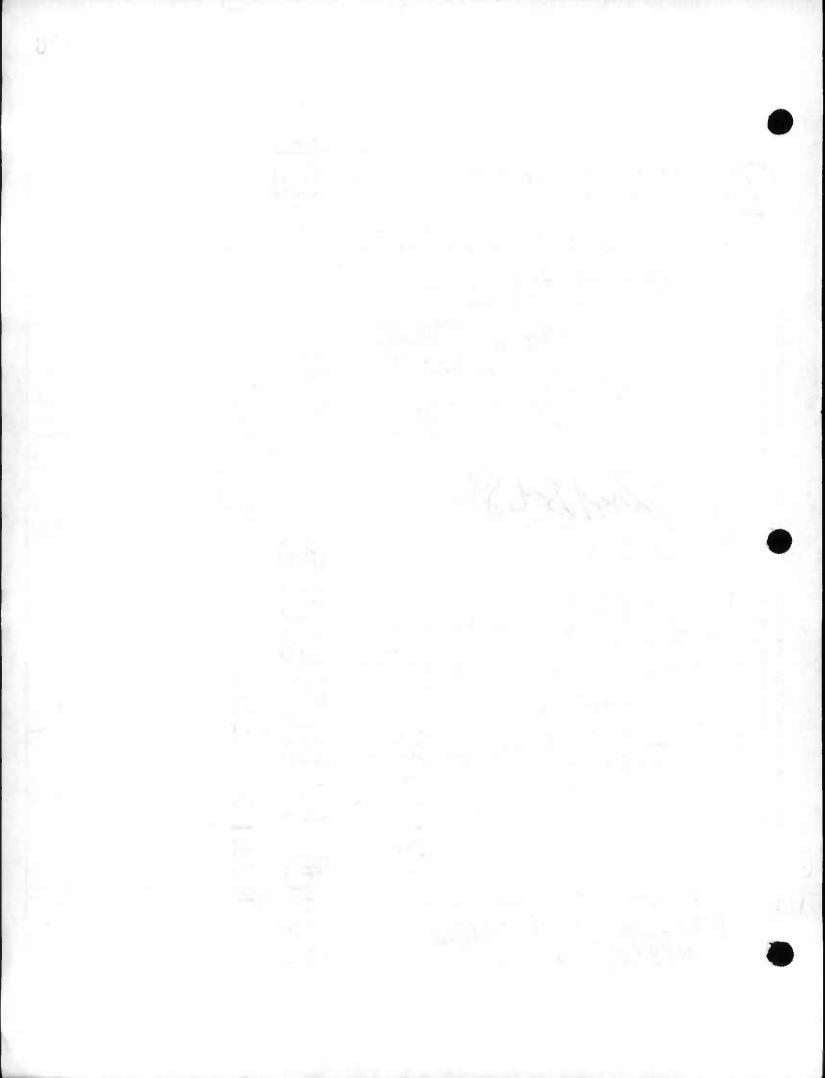
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	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	e ha	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	E
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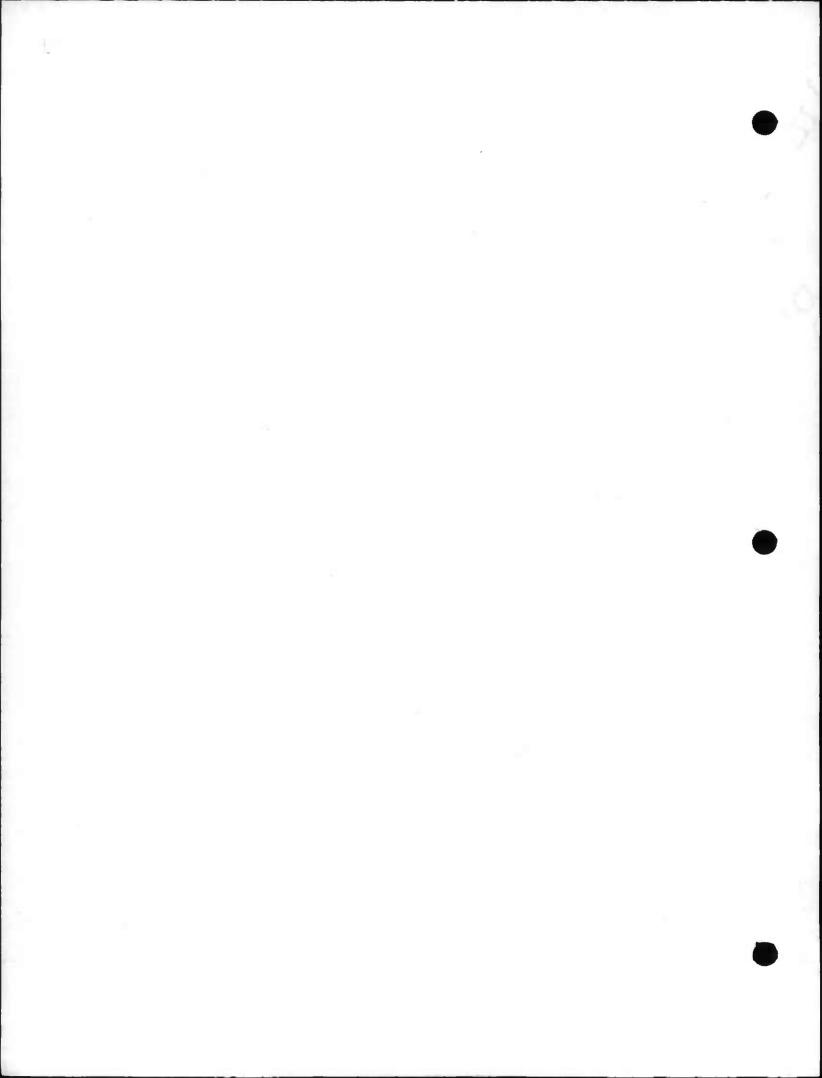
32. REGISTRAR'S SIGNATURE LA JUNIONO - VINVERLA

	FOR STATE REGISTRAR	STATE OF MARYLAND /		TMENT				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Charles A SOCIAL SECURITY NUMBER 5.	Cante		IF UNDER				2. DATE OF MONTH	- 3	1 199	YEAR	TIME OF DEATH // > 55 Am CE (State or Foreign
	219-30-4495 A	YRS.	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TO ATE OF BIRTH (Month, Day, Year) Sept 13,1915 8. BIRTHPLACE Country) Mary La					73.02.100.00			
. HO	charlotte Hall Vet	9b. CITY, TOWN OR LOCATION OF DEATH Charlotte Hall								1		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland St. Mary's Charlotte Hall											I. INSIDE CITY LIMITS? YES 2 NO
AAL D	10e. STREET AND NUMBER			101	ZIP CODE					EN OF WNAT	COUNTRY?	
ONE	Maryland Route 5 I	20622 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Pusrto Rican, stc.) 14. RACE — American Indie Bleck, White, etc.										
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 — YES ZXXNO Specify: White							Helia, artis.			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ive kind of . Do NOT u										
MPL	College (1-4 or 5+) P.G.Board of Education Covernment											
BE CC	Joseph A. Canter					Con	ca L	.Cant	er			
5	196. INFORMANT'S NAME (Type/Print) Gerald R. Canter 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12909 Churchhill Ridge Circle, Germantown, Maryland											
	20e. METHOD OF DISPOSITION 1 M Burlsi 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. Place And Date of disposition (Name of Company Co											
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE T							Fune	ral H	ome, I	nc 6633
	23. PART I. Enter the mackets, or con	nplications that caused the de	ath. Do						-			Maryland Approximats
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) aMETASTATIC GROSTATE CANCER.											
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If sny, isading to immediate cause. Entar UNDERLYING CAUSE (Diseass or injury											
ERTIF	that initiated events reaulting in death) LAST d											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MULTI INFARCT DEMENTING HYPERFORMED? 1 YES 2 NO 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									MILABLE PRIDR TO MPLETION OF CAUSE DEATH?		
N. N												
'SICI)	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetlent 3 DOA 4 Trursing Home 5 Residence 8 Other (Specify)											
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	ME OF JURY M	JURY WORK?									
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	atreet, fectory, office 28f.					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1											
B E	29c, LICENSE NUMBER 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) D26358 ► AUC. 31, 1994											
2	TO MANE AND APPRECE OF PERSON WILLS	COMPLETED CALLE OF DEATH (17)										2.11.7



199"	,	permit. Pages
BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages of Health and Mental Hygiene prior to burial, cremation, or removal.
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RECORDS, P.O. BOX 68760	executed wi	and comple burial, cre
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P.O.	th certific	ending p
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ECOF	quires tha	Health a
œ	Je C	of

3	_	REGISTRAR				CERI	IFICA	IE O	F DEA	ГН		REG. NO.				
		1. DECEDENT'S NAME (First, N		Judson Pa	111	Clender	ning				2. DATE O	2,19		YEAR	3. TIME OF D	EATH D.
		4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. last birth		NDER 1 YEAR	IF UNDER	24 1400	7. DATE 0			9 Dita), ()	· formit
	-	578-09-1050		150 M 2 F	W. MUE	m yrs. 1851 birth 79 Y f	MONT	-		MIN.	(Month,	Day, Year)	- 1	Country	.,	r i-oreign
(3)		9e. FACILITY NAME (If not insti	itution, give si			13		CITY, TOWN	OR LOCATI	ON OF DE	Sept	20,	1914 9c. COUN			
(43)	CTOR	Southern Mary	land	Hospital	. Cer	nter	C	linta	on				Prin	ce (George '	s
S	5	RESIDENCE OF DECE	IOB. COUNTY	,		10c	CITY, TOV							T	10d. INSIDE C	
Par .	DIRE	Maryland	Princ	ce George	's		Di	stric	ct Hei	ights	S				LIMITS?	
реги	IAL	10e. STREET AND NUMBER							101. ZIP COD	_			10g. CITIZ	EN OF W	WHAT COUNTRY	n
an. ransit	FUNERAL	6303 Foster	Stree							2074			Unit	ed S	States	
020 physician. burial-transit	E	11. MARITAL STATUS 1 Never Married 2 M	erried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER II	N U.S. ARMED		If yes,	specify Cube	n, Mexica	n, Puerto Ri	(Specify Yes	or No—	14. RACE Black	— American I c, White, etc.	ndien,
9 2 3	B	3 Widowed 4 Divorc	ed 3	-20-43		-5-46		1 🔃 YI	ES XXNO	Specify	y:		,	Speci Whit	-	
21215 al or attend for use as	回	15. OECED (Specity only it	DENT'S EDUC highest grade			18e. DECEDE (Give kin	d of work d	one during i	TION most of working	ng	16b. I	KINO OF BUS	SINESS/INDI	USTRY		
O 21	PLET	Elementary/Secondary (0-1:	2)	College (1-4 or 5 -	.)		OT use retin	,								
AND the hospital detached for once.	COMP	17. FATHER'S NAME (First, Midd	dle, Last)			Sal	esma	n	18. MOT	HER'S NA		nnelde ddle, Maiden		king	Compa	ny
ا Robert Clendening Pa											Duna		,			
MAR retained t 5 should	TO B	19e. INFORMANT'S NAME (Typ	e/Print)			19b. MAI	LING ADDI	RESS (Stree				r, City or Town	n, State, Zip	Code)		
	-	Emma Clendeni		(Wife											d 2074	7
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20a. METHOD OF DISPOSITION 1 ○ Buriel 2 □ Cremetion 4 □ Donation 5 □ Other (S	3 Reme	oval from State	cerr.	netery, cremator	ATE OF DIS	POSITION (Sept	7,19	994°ATE	Che	cation - c		wn, State Maryla	nd
ALTIMOR death. Page 6 ma s funeral director, p		21. SIGNATURE OF FUNERAL		ENSEE ,	- <u> </u> <u> </u>	ryland	vet	erans 22. NAME	AND ADDRE	SS OF FA	CILITY T	Pe Fin	neral	Hom	e,Inc	((22
ALTI death. P funeral		▶ (/_ /	1 8	24	(*			01d Z	lexar	nder	Ferr	z Road	R Clin	nton	Md 20	725
B, safter or by the removal.		23. PART 1. Enter the disc	easea, or o	complications the	caused	d the death.									Approx	
or or		ahock, or has iMMEDIATE CAUSE (Final	irt tallura.	List only one cau	se on e	ach line.									interva	Batween
tely fille mation.		disease or condition reaulting in death)		CAR	W	OMA	2	P	Col	-ON	1 11	TH	+		1/2	MUS
68760 ecuted with nd complete burial, crema				DUE TO	(OR AS A	OMA CONSEQUEN	CE OF):		1111	16	ME	TAST	166			
OX 68 e be execute sician and confor to buria traumatic	CATION	Sequentially list condition				CONSEQUENC			~~/-		1.10	10101		•		
30) ate be ysiciar prior trau	CAT	if any, leading to immedi- cause. Entar UNDERLYIN CAUSE (Disease or injury	G	C											ļ	
O. Pertification of the other of the other of the other other of the other oth	RTIFI	that initiated avants resulting in death) LAST		DUE TO	(OR AS A	CONSEQUENC	CE OF):									
eath cattend attend mtal Hy	CER			d												
RDS, at the dea by the at and Menta y injury,		PART II. Other significant	condition				ing in the	underly	ing cause	givan in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPS	
O = 2 = 2	DICAL	CHRUNIC	DA	TRUCT	10,	EL	we	3	DISE	1-50	=	1 YES 2			COMPLETION OF OEATH?	
- 0 0 0	ž.	CORDNAR				DISC									1 YES 2	□ NO
23 tas t	AN	DID TOBACCO		CONTRIBUTE	10	CAUSE	OF DE		PLACE OF 0					<u> </u>		
N: Th N: Th icate State	PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outp	patient 3 🗆 Di		HER:	ome 5 - Re							
OF V HYSICIA his certif vith the veth the	PH	27. MANNER OF OEATH	200	28e. OATE OF (Month, D	INJURY		TIME OF	28c. II	NJURY AT			RIBE HOW II	NJURY OCC	UREO		
ON OF ON OF Affer this death with a marked	ВУ	1 Natural 5 Pe	ending vestigation					M 1 [YES 2	NO						
te de la company			ould not be	28e. PLACE O building,	# INJURY	f — At home, fe	erm, street,	factory, of	fice			TION (Street a Town, State)	and Number	or Rural R	loute Number,	
DIVISION ATTENION DIRECTOR: Hours after Item 28 is	Ē	29a. CERTIFIER	VINO BUYOU													
425	COMPL	(Check only		CIAN: To the best of R: On the basis of e) and manner -	s stated
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	11	29b. SIGNATURE AND TITLE O							-	ENSE NUM					(Month, Day, Ye	
O THE e filed	BE	NA	-1	1					N	12	911	6	▶ C	1/7	194	1
	임	30. NAME AND ADDRESS OF	ERSON WN	O COMPLETED CAUS	SE OF DE	ATH (ITEM 27)	(Type, Print)		1	10	, , ,			-		
A		Louis Ka	か干し	nan M	.D.	892	6 W	ood	vard	139	60.	2 C	linte	00	Mpo	0735
11		31. DATE FILED (Month, Day, Ye.		32. REGISTRA	1.00											
		SFP 0 7 1994	9	who Davidso	n-Ma	ndall	_									H 16 Day 1/90

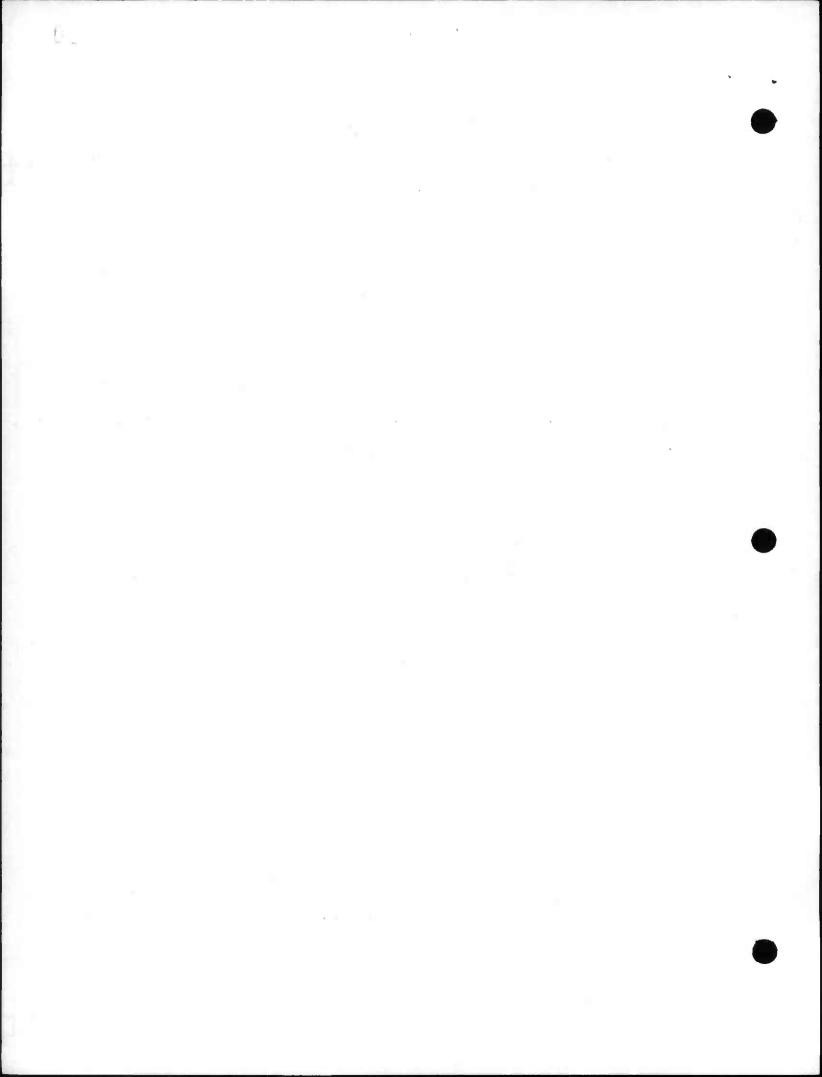


DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

FOR

	1 - STATE REGISTRAR			ICATE OF		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH 3. TIME OF DEATH								
	Emily	Williams	es	1apma	\sim	September					
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthde		IF UNDER 1 YEAR IF UNDER 24 H		7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign			
	218-24-5075	1 M 2 XF 9	6 YRS.	MONTHS DAYS	HOURS MIN,	1/23/189		Country) Md.			
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	9c. COUNTY						
8	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										
[[RESIDENCE OF DECEDENT										
DIRECTOR	Md.		Snow Hill								
	10e. STREET AND NUMBER			10	1 VES 2 NO						
FUNERAL	306 S. Church 21863 U.S.A										
	11. MARITAL STATUS	12. WAS DECEDENT EVER		IED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14 BACE -							
	1 Never Merried 2 Merried	FORCES? 1 YES			Black, White, etc.						
Э ВУ	3 Wildowed 4 Olvorced					,		white			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of	WSUAL OCCUPATION Work done during mose retired.)	ON ost of working	18b. KIND OF BUS	INESS/INDUST	RY			
=	Elementary/Secondary (0-12)	College (1-4 or 5+)				0	Own Home				
MA	17. FATHER'S NAME (First, Middle, Last)		Homem	aker							
	Charles Willia	ame			Complete to the Control	MME (First, Middle, Meiden Bonnevi]	.,	lliame			
BE	19e. INFORMANT'S NAME (Type/Print)	21115	19b, MAILING	ADDRESS (Street)		Route Number, City or Town					
욘	Ralph L. Chap	man Tr						L,Md.21863			
	20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem	20	b. PLACE AND DATE	OF DISPOSITION /N				or Town, State			
	4 Donation 5 Other (Specify)	00	hat coat		ery	9/94 9	Snow H	Hill,Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	- // A	1	22. NAME A	ND ADDRESS OF FA	CILITY					
	Valricia	of Denn	4	P.0	Box 87	, Snow Hi	11, M	id.21863			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate										
14	ahock, or haart fallure. IMMEDIATE CAUSE (Final	List only one cause on	aach Ilna.					Interval Between Onset and Death			
	diaease or condition resulting in death)										
	resoluting in death)										
8	Sequentially list conditions, oue to (or as a consequence of): b. Waldow well work when we will be to formed the consequence of):										
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE O	F):	(1				
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
듄	resulting in death) LAST							İ			
빙	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING										
DICAL	PARI II. Other algnificant condition	a contributing to death	but not resulting	in the underlyin	g cause givan in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDIC						1 [] YES 2	X NO	COMPLETION OF CAUSE OF DEATH?			
Σ							·	1 🗌 YES 2 🗌 NO			
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)						
HYS	27. MANNER OF DEATH	1 Inpatient 2 R ER/Ou			URY AT	6 Other (Specify) 26d, DESCRIBE HOW II	HIBY OCCUP	ED.			
	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	PRK?	280. DESCRIBE HOW II	AJURY OCCUR				
ВУ	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	IY — At home, term,			261. LOCATION (Street e	nd Number or F	Rural Route Number.			
Ħ	4 Homicide determined	building, atc. (Sp	ecify)			City or Town, State)		Car III. Service			
COMPLETED	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as atsted.										
OM	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
	290. SIGNATURE AND TUTLE OF CERTIFIER 290. LICENSE NUMBER 29d. DATE \$IGNED (Month. Deg., Year)										
BE	House Wiss	79	▶ R	14 64							
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Janet Wasson, M.D. 145 East Carroll St., Salisbury, M.D., 21801											
										SEP 14 1994	32. HEGISTRAR'S SIG
	JEP 14 1394	Julia Dande	n-Radall								
								DHMH-18 Day 1/90			



3. TIME OF DEATH

2. DATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rounds after death. Plays 6 may be retained by the hospital or attending physician	It. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishman per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remean	eral director, page 5 should be detached for use as the burishtranal permit.
IMPORTANT: If Item 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	niner must be notified at once.

	Michele Chase September 8, 1994											4 5:58a		
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	DAYS	IF UNDER	7	7. DATE OF E (Month, De	HTRE			ICE (State or Foreign
	578-90-991	•	1 □ M 2 🏋 F	-	34 YRS.	MONTHS	DATS	HOURS	MIN.	July 2		960		land
۳	Southern south	Mary	land Hos	pita	1		Lint		ON OF DE	ATH			TY OF DEAT	H George
5	RESIDENCE OF DEC					<u> </u>								
FUNERAL DIRECTOR	Maryland	Princ	e George	s		per)				- 1	d. INSIDE CITY LIMITS? YES 2 X NO
RAL	100. STREET AND NUMBER 9906 Will	iamsh	ıra Rd.	-				20772			10g. CITIZEN OF WHAT COUNTRY? USA			T COUNTRY?
	11. MARITAL STATUS		12. WAS DECEDEN	FEVER IN U.	S. ARMED	13.				IC ORIGIN? (S	pecify Yea	or No		American Indian
BY F	1 X Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2	x X NO s		It yes, sp	ecity Cube 2 X NO	in, Mexicer	n, Puerto Ricer	n, atc.)	. 110		American Indian, hita, atc. Black
	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	18	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) [Institution of the control of th									
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5+)	ille. Do NOT use retired.) Councelor									
ō l	17. FATHER'S NAME (First, M	FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Maiden Surna						
BE	Clyde J		ase					F	Betty	Ann	F	1etcl	ner	
0	19a, INFORMANT'S NAME (1									loute Number, C			Code)	
	Betty Chas			1	1601 E				Wald	orf, M				
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)				ACEAND DATE by, cremetory or c ING S C	ime of	9/12	194	City or Town, State					
	21. SIGNATURE OF FUNERA							9/12/94 Huntingtown, MD G OF FACILITY Sewell Funeral Home						
	Spencer Sewell 1451 Dares Beach Re													
CERTIFICATION	23. PART i. Énter the di ahock, or himmEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events reaulting in death) LAS	ions, diate	DUE TO	ON AS A CO	consequence op:							st,	Approximata interval Between Onset and Death	
N: MEDICAL	PART II. Other significant conditions contributing to death but not reauting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DE											RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
Š	1 YES 2 NO		1 Sinpatient 2			4 🗆 Nur	sing Hom		aldenca	6 Other (Sp				
BY PH	1 Natural 5	Pending Investigation	28a. DATE OF (Month, Da		28b. TIN	JURY M		URY AT RK? YES 2 [] NO	28d. DEŞCRIE	BE HOW IN	JURY OCC	URED	
		Could not ba determined	28e. PLACE Of building,	stc. (Specify)	At home, farm,	street, tac	tory, offic			26t. LOCATION City or Tox		nd Number o	or Rural Route	Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
0 25	296. SIGNATURE AND TITLE	OF CERTIFIE	1. W	la	· w	a		290 110	HISE NUM	D 76		29d. DATE	SIGNED (MO	onth, Day, Year)
-	30 MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Pay 1 M. Wilson 7501 Survetts Rd #302 Clinton Med 20036													
	31. DATE FILED (Month, Day, Year) SEP 1 2 1994 July Davidson hardell													

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

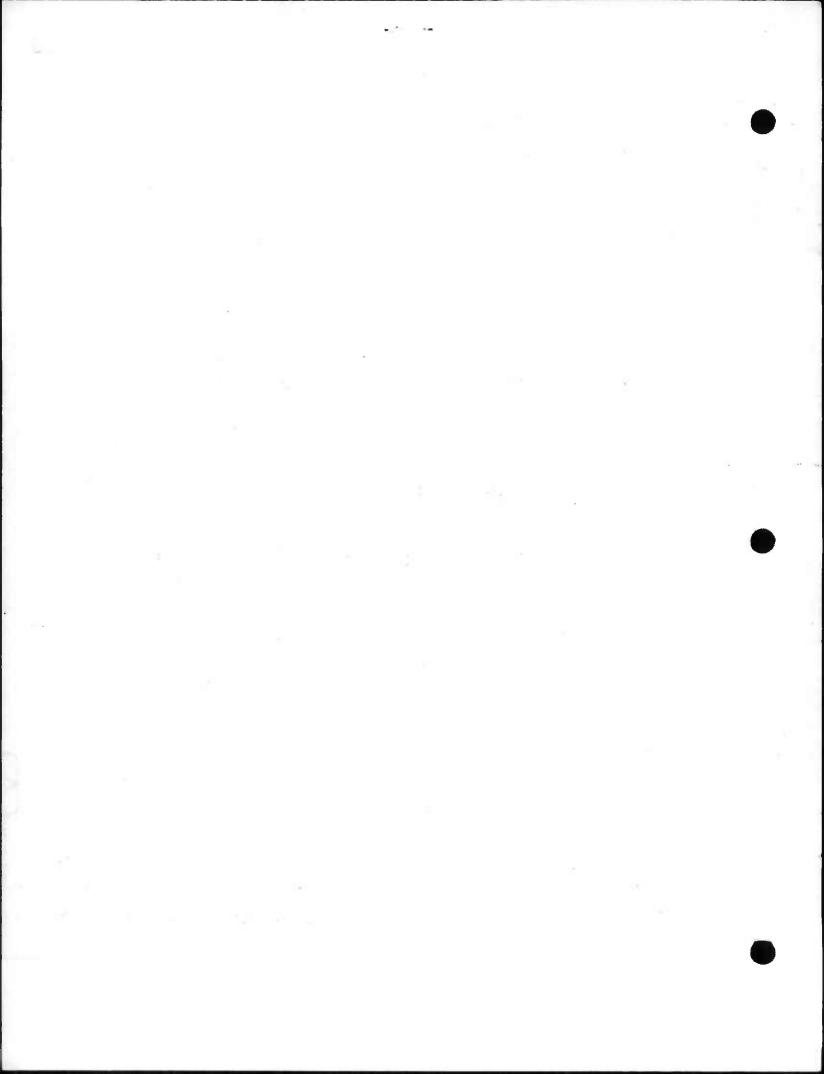
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Son Per lied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	RECTOR: After this cer	
---	--	--	------------------------	--

FOR STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCICAE

_1	REGISTRAR	CERT			DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DAY	, ,	EAR 3	. TIME OF DEATH		
	JAMES CALVIN COOPER,		, .			8	28		4	0130 am		
		GE (In yrs. last birthda	MONTI	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E	lay, Ybar)	8.	Country)	ACE (State or Foreign		
H	234-54-2214 1 X M 2 F F 9a. FACILITY NAME (If not institution, give street and number)	91 YRS		NTV TOURI	R LOCATION OF DE		-5-02 WV					
5	Garrett Co. Memorial Ho	spital	96. 0	Oak1		AIH		Garr				
	10e. STATE 10b. COUNTY	10c. (CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY LIMITS?			
	WV Tucker		Th	omas						X YES 2 NO		
	10e. STREET AND NUMBER	101	ZIP CODE		10g. CITIZEN OF W			AT COUNTRY?				
	MCXXXXXXEXXX East Ave		26292		USA			See Sire.				
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EV. FORCES? 1 1 Y	ES 2 NO	2 NO If yes, specify Cuban, Mexican,					fy: Speci				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	N st of working			NESS/INDUS							
COMPLETE	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NO	use retire	nploy		I						
-	1.2 17. FATHER'S NAME (First, Middle, Last)	Seri	en	ipioy		retail clothing ME (First, Middle, Maiden Surname)						
	James Calvin Cooper				Zora			iumame)				
-	19a. INFORMANT'S NAME (Type/Print)	19b. MAJL	NG ADDR	ESS (Street a	nd Number or Rural I			State Zip Co	ode)			
2	James C. Ccoper, III	нС			174 Da			2626				
- 11	20e. METHOD OF DISPOSITION 1 G/Burfal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DA	or other ple	ice)		OATE		ATION - CIT		n, State		
- 11-	A Donation 5 Other (Specify) Rose Hill Cemetery 8-31 Thomas, WV 21. SIGNATURE OF, FUNERAL SERVICE LICENSEE Proposition 1 Cemetery 8-31 Thomas, WV 22. NAME AND ADDRESS OF FACILITY Hinkle Funeral Home, Inc.											
	· A Soll Tenklo				le Fune ox 186,				2626	50		
	Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE	OF):	14								
	d									1		
	PART II. Other significant conditions contributing to dee	th but not resulting	ng in the	underlying	g cause given in		PERFORM	MED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	eck only one)						
	EXAMINER? 1 YES 2 NO HOSPITAL: 1. Inpatient 2 ER/	Outpatient 3 DO/		TER: Nursing Hom	e 5 🗆 Residence	8 Other (S	Specify)					
	27. MANNER OF OEATN 28a. DATE OF INJU		TIME OF	28c. INJ				JURY OCCU	REO	W - 200		
	Netural 5 Pending 2 Accident investigation	/	h		ES 2 NO							
	3 Suicide 8 Could not be 28a. PLACE OF INJ	URY — At home, fam 'Specify)	m, street,	factory, offic		281. LOCATI City or	ON (Street an Town, State)	nd Number or	Rural Roo	ite Number,		
	4 Homictde detarmined											
3 Suicide 4 Homicide 8 Could not be determined 28. Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 28. Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29. Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										and manner as stated.		
111	296, SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUI		, 1			Aonth, Day, Year)		
	Magnsni				739	781		>	9/1	4/94		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									-1 -/			
									_ B			
	31. DATE FILED (Month. Day, Year) SEP 23 1994 Jani Santon											
	SEF 23 1994 Japan Sinden	June										
	199.									DHMH-16 Rev 1/8		

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020	9
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.	4
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Prabe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	te funeral director, page 5 should be detached for use as the burial-transit peal.	imit. Pa
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.	- A
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR	L DIRECTOR

		1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MEN1	TAL HYGIEN	_					
		1. DECEDENT'S NAME (First, Middle, Last) KENNETH	I RA			DAY			AY ,	/EAR	TIME OF DEATH			
~		4. SOCIAL SECURITY NUMBER 219-28-8333	1X M 2 □ F 62	(In yrs. lest birthday) YRS.		AYS HOURS MIN	7. DA (M Ju.	TE OF BIRTH onth, Day, Year)	8	BIRTHPLA Country)	ACE (State or Foreign Carolina			
Z	TOR	99. FACILITY NAME (If not Institution, give st 911 PINE ROAD RESIDENCE OF DECEDENT	reet and number)		JOP	PA	DEATH	9c. COUNTY OF DEATH HARFORD						
1 B	DIRECTOR	10a. STATE 10b. COUNTY	Harford	10c. Ci	Y, TOWN OR L	OCATION JOPPA	—— а				d. INSIDE CITY LIMITS? YES 2 X NO			
n. ansit perm	VERAL	911 Pine Road				10f. ZIP CODE	210		10g. CITIZE	N OF WHAT	T COUNTRY?			
215-0020 attending physician. use as the burial-fransit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yo	B DECENDENT OF HISI is, specify Cuban, Max YES 2 NO Spe			or No-	Black, W Specify:	American Indian, Thita, atc. White			
12 P O T	PLETED	ts. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u	work done durir se retired.)	ng most of working		Automot	wille					
MARYLAND 21 retained by the hospital or 5 should be detached for untilled at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Richard Filmore I	Day	DCII GI	ртоуес	18. MOTHER'S	NAME (Fire	ginia W	Surname)					
E, MAR y be retained lage 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Sylvia Day				reet and Number or Run load, Jopp				xde)				
ALTIMORE, leath. Page 6 may be funeral director, page		20a. METHOD OF DISCONTION 1 ABurial 2 Consistion 3 Remo	ovel tydyn State ceg	PLACE AND DATE	Memori	al Garden	s 9/	9/94 B	cation — cit el Air	or Town, Ma	stata ryland			
		22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 23. And I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
with durs with cremation, or rei		MIMEDIATE CAUSE (Final	. INTRAORAL	ech iine,	SHOT					t,	Approximata Interval Between Onset end Death			
O. BOX 68 ertificate be execute ing physician and co rgiene prior to buria other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2	A CONSEQUENCE O										
OS, Posth the atten Mental I	AL CER	PART II. Other significant conditions	s contributing to death b	out not resulting	in tha unda	lying cause given	in Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS			
L RECORL law requires that th as been signed by thept, of Health and 23 shows any in	MEDIC							1 YES 2		COI OF	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? VES 2 NO			
E te h	PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEA			AIN 🗆							
OF VIT HYSICIAN: The his certificate with the State ced, or item	PHYS	1 TYPES 2 NO 27. MANNER OF DEATH	1 Inpatiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	4 Nursing	Home 5 KResidence : INJURY AT WORK?	_	ther (Specify) DESCRIBE HOW I	NJURY OCCUP	RED				
UDN OPHYS WDING PHYS After this of death with is marked	₽	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, farm,	28 8 263	YES 2 NO	28f. L	CATION (Street	SHO and Number or	F SE Bural Route	LF Number,			
DIVISION OF VI DR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Sig liem 28 is marked, or it	LETED	4 Homicide determined	building, atc. (Spec	HOME			911	PINE R		PPA,	MP			
보 그 건 #	COMPLET	one) 2 X MEDICAL EXAMINER	CIAN: To the beat of my knowledge. Graph of examination							ause(a) an	d manner as stated.			
TO THE HOSPITA TO THE FUNERA BE filed within 7 IMPORTANT: I	TO BE	on sidespose and title to extend	W AN			29c. LICENSE N					7 , 1994			
		MARIO F. GOL 31. DATE FILED (MORIT) Day, Year)	LE, TR MI) 111 F	enn S	Street,	Bal	timore	, Mar	ylar	nd 21201			
		SEP 0 8 1994	32. REGISTRAN'S SIGN.	war Randall										



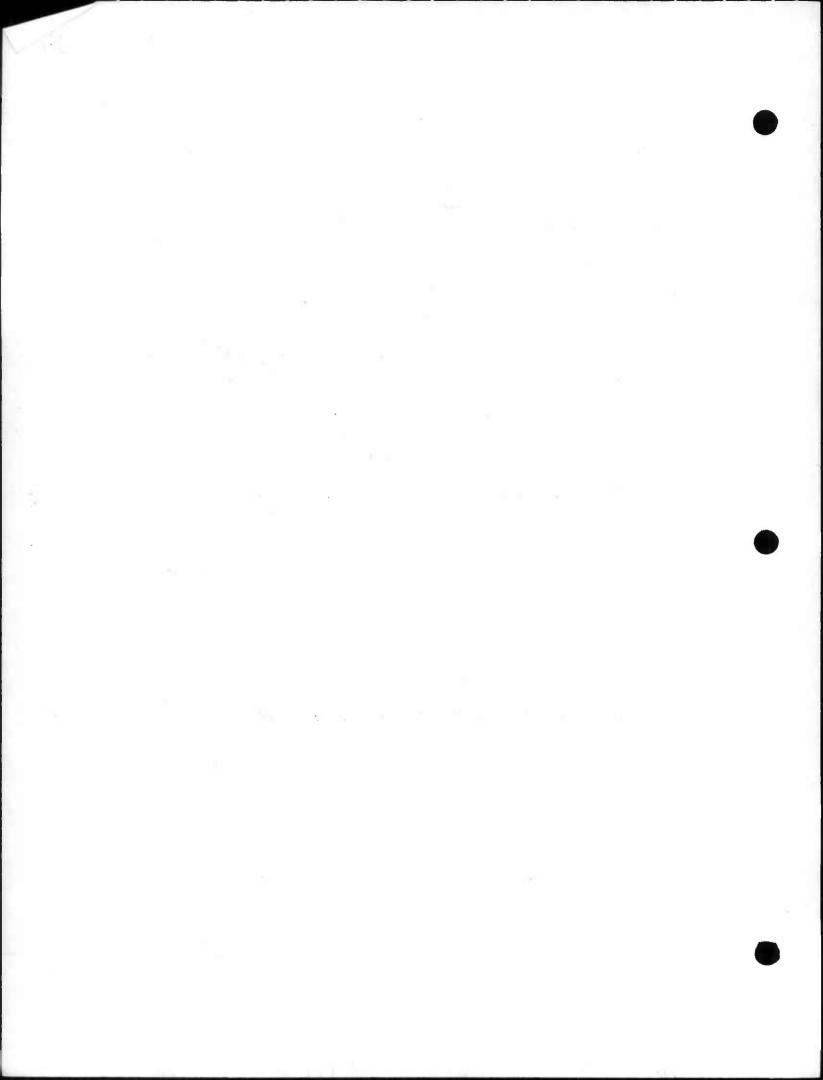
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO							
ī	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATN						
	DARNELL	MAURICE	. DOCK	CETT		Sept.3,	1994 YEAR	2:25 p M					
		5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	NPLACE (State or Foreign					
	579-74-2996	1 🔀 M 2 🗌 F	39 YRS.	MONTHS DAYS	HOURS MIN.	Mar. 2,1	955 Was	K.D.C.					
	9e. FACILITY NAME (If not institution, give stre				OR LOCATION OF D		9c. COUNTY OF	DEATN					
OR	HOLY CROSS HOS	PITAL		Silve	er Spri	ng	Montgo	mery					
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY					
E		gomery	100.01		r Sprin	ď		LIMITS?					
٦	10e. STREET AND NUMBER	JOHICE J			f. ZIP CODE	<u> </u>	100 CITIZEN OF	WHAT COUNTRY?					
FUNERAL DIRECTOR	624 Gist Ave	nue			2091	0		S.A.					
N	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF HISPAI	VIC ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian,					
	1 Never Merried 2 Merried	FORCES? 1 YES	DATES		S 2 XNO Specific	n, Puerto Ricen, etc.)	0.00	ck, White, etc.					
BY	3 Widowed 4 Divorced				-3/2			Black					
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck:	,		self.	employeng Rent	ed					
ME	1. 1. 17. FATHER'S NAME (First, Middle, Lest)		Truck	ing	1								
	Maurice De	ockett				ME (First, Middle, Maiden Bertha l	Sumame) McCanno	n					
BE	19e. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS /Street	and Mumber or Burn!	Route Number, City or Tow	on Chair Tin Code)						
2	Bertha Dockett-1	Mother				er Sprin		910					
	20e. METNOD OF DISPOSITION			·· .									
	20s. METNOD OF DISPOSITION 1 St Burlet 2 Cremetion 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) Fort Lincoln Cem. 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
0	12 Bone	21.1		Hun	t Funer	al Home							
- 1	23. PART I. Enter the diseases, or co	mplications that cause	ad the death. Do n	142	34th	St S E W	ash.D.C						
	anock, or heart failure. Li	at only one cause on	aach lina.	or enter the m	rue of dying, suc	ii aa cardiac or resp	iratory arreat,	Approximate interval Batween					
	IMMEDIATE CAUSE (Final disease or condition	METASTA	P	ANCRE	ATTC CA	ALC ED		Onset and Death					
	resulting in death) a.		A CONSEQUENCE OF		4116 0	INCER		6 Months					
-								i					
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7):									
8	cause. Entar UNDERLYING CAUSE (Disease or injury												
	that initiated evants	DUE TO (OR AS	A CONSEQUENCE OF	7):									
	resulting in death) LAST												
	PART II. Other algnificant conditions	contributing to death	but not resulting i	n the underlyin	g cause givan in	Part I, 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS					
DICAL	INTESTIN		BSTRUC			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	RENAL	FAILURI				1 YES 2	E NO	OF DEATH?					
2	DID TOBACCO USE O			DEATH	YES N			1 TES 2 NO					
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL		CAUSE OF		LACE OF DEATH (Ch								
Sic	1 Tes 2 No	HOSPITAL:	1patient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)	*						
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE NOW	INJURY OCCURED						
ш. ј		(WORLI, Day, real)	lw3		ORK? YES 2 NO								
≥ I	1 Natural 5 Pending				28f. LOCATION (Street and Number or Rural Route Number,								
D BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJUR	IY — At home, ferm, s	street, factory, offic	:0			Route Number,					
	2 Accident Investigation	26e. PLACE OF INJUR building, alc. (Sp	IY — At home, ferm, a ecify)	street, factory, offic	:0	281. LOCATION (Street: City or Town, State)		Route Number,					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	building, alc. (Sp	ecify)			City or Town, State)		Route Number,					
	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	building, etc. (Sp	ecily) wledge, death occurre	ed at the time, date	and place, end due	City or Town, State) to the cause(s) end me	nner es stated.						
COMPLETED	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	building, etc. (Sp	ecily) wledge, death occurre	ed at the time, date	and place, end due	City or Town, State) to the cause(s) end mei	nner en stated.						
BE COMPLETED	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	building, etc. (Sp	ecily) wledge, death occurre	ed at the time, date	a and place, end dua death occured at the 29c. LICENSE NU	City or Town, State) to the cause(s) end men time, date end place, en	nner en stated.	(e) and menner es stated. D (Month, Day, Year)					
E COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my kno: On the basis of examinati	ecify) wiedge, death occurre on end/or investigatio	ed at the time, dat n, in my opinion, Print)	s and place, end due death occured at the 29c. LICENSE NU D - 3 3	to the cause(s) end men time, date end place, end	nner ea stated. Ind due to the ceuse 29d. DATE SIGNE SEPT	(s) and menner es stated. D (Month, Day, Year)					
BE COMPLETED	2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER RAM S. TREHAN	IAN: To the best of my kno: On the basis of examination	ecify) wiedge, death occurre on end/or investigatio	ed at the time, dat n, in my opinion, Print)	s and place, end due death occured at the 29c. LICENSE NU D - 3 3	City or Town, State) to the cause(s) end men time, date end place, en	nner ea stated. Ind due to the ceuse 29d. DATE SIGNE SEPT	(e) and menner es stated. D (Month, Day, Year)					
BE COMPLETED	2 Accident 3 Suicide 4 Nomicide 290. CERTIFIER (Check only 100) 2 MEDICAL EXAMINER: 290. SIGNATURE AND TITLE OF CERTIFIER AM S. TREHAN 30. NAME AND ADDRESS OF PERSON WHO	IAN: To the best of my kno: On the basis of examination	wiedge, dasth occurre on end/or investigatio	od at the time, daten, in my opinion, o	s and place, end due death occured at the 29c. LICENSE NU D - 3 3	to the cause(s) end men time, date end place, end	nner ea stated. Ind due to the ceuse 29d. DATE SIGNE SEPT	(e) and menner es stated. D (Month, Day, Year)					

ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART CERTIFI				MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) Cyrus	Thomas DiNeni					2. DATE MONT Sep	of DEATH	994	YEAR	3. TIME OF DEATH 5:00 Pm
	XX M 2 D F	yrs. lest birthday) 56 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) 1, 193	8	Country	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre 12301 William Bear	,		9b, CITY	r, town o Uppe:	r Marlbo	nce George's				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY	, TOWN (OR LOCATI	ON					10d. INSIDE CITY
Maryland Prince George's Upper Marlboro										
12301 William Beanes Road 20772 United Sta										
11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — A Black, Whi Specify: While the specify of the specific of the specifi									American Indian, Whita, atc.	
15. DECEDENT'S EDUCA (Specify only highest grade of		Give kind of we life. Do NOT use	USUAL O	CCUPATIO during mos	N t of working	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				Manage	r	Feder	al G	overr	nment
17. FATHER'S NAME (First, Middle, Last) James Patrick Di	Nonna Sr				18. MOTHER'S N					
19a. INFORMANT'S NAME (Type/Print)	INCIDIA, DI						nes Hil			
Lynda DiNenna (Wif	fe)	12301	Wil	s (Street and	Beanes	Road	i, Uppe	er Ma	rlboi	co,Md 20772
20a. METHOD OF DISPOSITION 1 □ Burlel 2 ★ Cremation 3 □ Remon 4 □ Donation 5 □ Other (Specify)	rel from State	CICHAL	FDISPOS DEY	Sept	7,1994	DAT			City or Tow Mary.	
21. SIGNATURE OF FEMALAL SERVICE LICE	MOREY //	7	22.	NAME AN	D ADDRESS OF F	ACILITY]				e, Inc 6633
1 // some /	1									, Md 20735
23. PART I. Enter the disease, or co- shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Malignant DUE TO JOH AS A CO	Brain T	umor		le of dying, su	ch as can	dlac or respir	atory arr	est,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF	VC.							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF								
PART II. Other significant conditions	contributing to death but	not resulting in	the un	nderlying	cause given in	Part I,	PERFOR	MED?		WERE AUTOPSY FINDINGS WALLABLE PROOF TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRI			-	Activities to the latest to th	UNCERTAI	N□				U 115 7 U 110
EXAMINER! VIV	HOSPITAL: O impetient 2 ER/Outpetie	PLACE OF DEATH		-	sXX meldence	6 □ Othe	er (Specify)			
27. MANNER OF DEATH 1. X Metural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF.	29c. INJU WOR	TA YES	-	SCRIBE HOW IN	JURY OCC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	Al home, ferm, al	reet, faci	lory, affice		zer. Loc City	ATION (Street at or lown, State)	nd Mumber	or Runel Ro	iste Numbec
29a. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICI one) 2 Medical examiner	AN: To the best of my knowled On the besis of examination as	ge, death occurred	d at the t	ime, date a	and place, and du	to the ca	use(x) and men	ner ss. sfati	ed.	in Dag
296. SIGNATUME VIND TITLE OF CERTIFIER	La Dal		5462.UV 14		29c LICENSE NU		2 1		HIGHER	worm age, A
36. NAME AND ABORESS OF PERSON WHO	COMPLETED PAYSE OF DEATH	UTEM 27) (Nov.)	Print	0	DLX	201	0	-7/	7	W
D.77 M	ALDAK M	D	0	lu	iter	N	Ud	, "	-	



SEP 0 9 1994

This Nevidson-Randalle

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATN			
	Raymond Lionel I	Dextradeur				Aug	29 1	994	5:00 pM			
			n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTN	8. BIRT	NPLACE (State or Foreign			
	038-18-6999	∑ ¥ 2 □ F	61 YRS.	MONTHS DAYS	HOURS MIN.	F'85", 4";	1933	Pho	de Island			
	9e. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOW	N OR LOCATION OF D	EATN	9c, C	DUNTY OF I				
E E	MALCOLM GROW MEDICA	I CENTED		AMDDELL	C ATD FOR	CE DACE	No.					
DIRECTOR	RESIDENCE OF DECEDENT	L CENTER		ANDREW	S AIR FOR	CE DASE	I PR.	LNCE	GEORGES			
H	10e. STATE 10b. COUNTY	_	100	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?			
		e George's	C	linton					1 - YES 2 - NO			
¥.	10e. STREET AND NUMBER				101. ZIP CODE		10g. (ITIZEN OF	WHAT COUNTRY?			
FUNERAL	8606 Pinta Street				20735		Un	ited	States			
בַּן	11. MARITAL STATUS	2. WAS DECEDENT EVER IN FORCES? 1XX YES	U.S. ARMED		ECENDENT OF NISPAI specify Cyben, Mexics			- 14. RAC	E — American Indien, ik, White, etc.			
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	3-4-50 WAR OR DA	TES 70		ES 2 NO Specif		ww.)	Spec	offy:			
								,	ite			
1	15. OECEDENT'S EOUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY											
٦	Elementary/Secondary (0-12) College (1-4 or 5+) 12 College (1-4 or 5+) U.S. Airforce Retired U.S. Airforce											
COMPLETED			0.0.1	1110100								
	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA)				
BE	Lionel Dextradeur			_								
٩	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	Dinta	Street, Cl	inton l	ty or Town, State, Marylar	d 207	735			
	Muriel Dextradeur	Total										
	1 - Buriel 2 X Cremetion 3 - Remova		PLACE AND DATE		ot. 1,1994		20c. LOCATION					
	4 Donetion 5 Other (Specify)		- CLCIRC						ryland			
	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633 Old Alexander Ferry Road, Clinton, Maryland											
	Jours 1 x	X / /	>						n,Maryland			
	23. PART / Enter the diseases, or com shock, or heert failure. Lis	nplications that caused	the death. Do	not enter the r	node of dying, auc	h aa cardiac (or reaplratory	arrest,	Approximate			
	IMMEDIATE CAUSE (Final	t billy bill codes bil ec	out mile.						Onset and Death			
	disease or condition reaulting in death)	End-Stage I		ic Pulm	onary Fib	rosis						
		DUE TO (OR AS A	CONSEQUENCE O	F):								
Z	Sequentially list conditions, b.											
Ĕ	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):								
5	CAUSE (Disease or Injury	DUE TO (OR AS A	CONCEOUENCE O									
Ē	that initieted events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE O	r):								
CERTIFICATION	d								T T			
	PART II. Other significent conditions of	ontributing to deeth be	ut not resulting	In the underly	ing ceuse given in		WAS AN AUTOPS	SY 24	. WERE AUTOPSY FINDINGS			
DICAL							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME									OF DEATH? 1 YES 2 NO			
-	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O	F DEATH	YES T NO							
ğΙ	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch	eck only one)						
Sic		IOSPITAL: B Inpetient 2 ER/Outpi	etient 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 - Residence	8 Other (Spe	iclfy)					
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIN	E OF 28c. I	INJURY AT		E NOW INJURY	OCCURED				
ВУР	1 Natural 5 Pending	(Month, Day, Year)	IN.		WORK? YES 2 NO							
0 0	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Speci	— Al home, ferm,	street, fectory, of	ffice		(Street end Num	ber or Rural	Route Number,			
Ē	4 Homicide determined	building, lite. (Speci	ny)			City or Tow	vn, State)					
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowledge death control at the line date and also and discount of the line.												
4 Homicide determined 299. CERTIFIER (Check only one) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner.									e) and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER											
BE	Markaus	MD			29c. LICENSE NUI	MBER			0 (Month, Day, Year) 9, 1994			
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	TH (ITEM 27) /3	Print)	1277							
									20331-6600			
	NAMTRAN H. PHAM. CA 31. DATE FILED (Month, Day, Year)	PT. USAF. M			MALCOLM G	KOW MEI	OICAL C	ENTER				
SEP 0 7 1994 june Davidson-Mandalle												

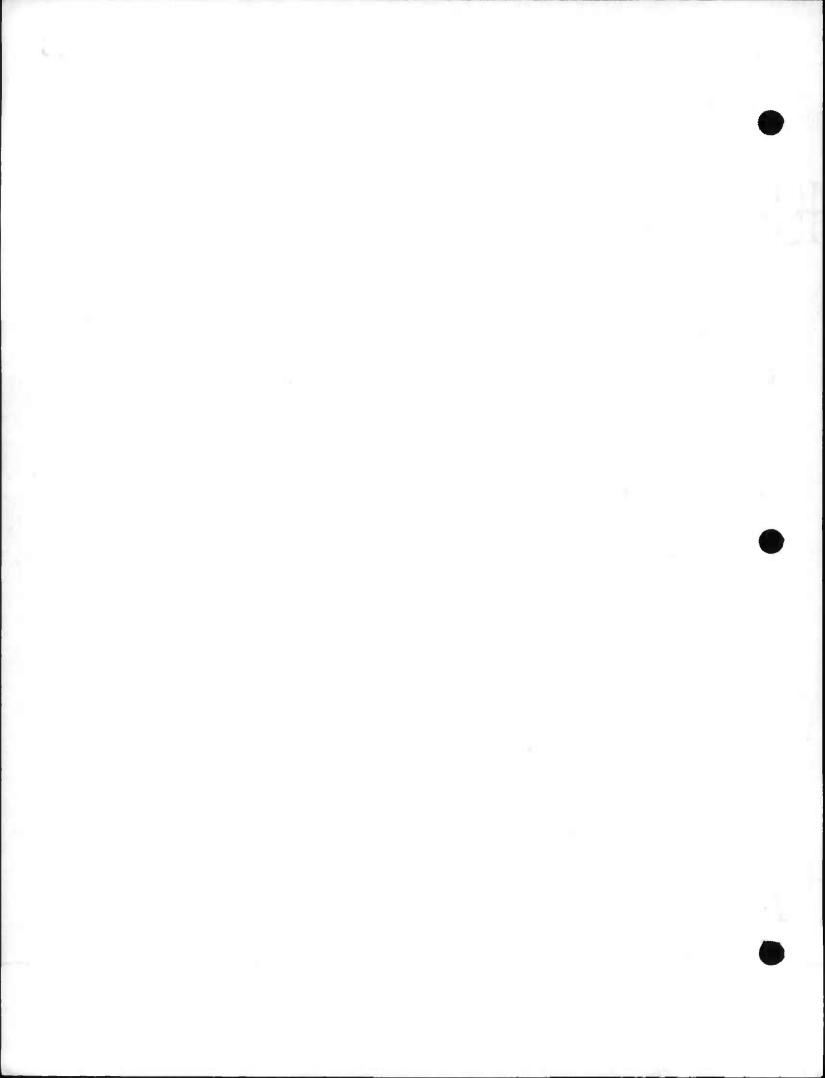
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNDING SHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. In the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



 1	-	FOR STATE REGISTRAF
_		HEGIS THAT

	1 - STATE REGISTRAR	SIAIE UF N	IAHTLAND /			E OF [MENTAL I	HYGIENE REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH		,	YEAR	3. TIME OF DEATH
	AGNES ELA	INE	ELLE	ZRB	E				9			941	2:08 Pm
	242 20 2420	5. SEX	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF 6/14	BIRTH y Yaar		8. BIRTH Gounty Was	h., D.C.
	9s. FACILITY NAME (If not institution, give stree	et and number)	9b. CITY, TOWN OR LOCATION O						DEATH 9c. COUNTY				
СТОВ	Holy Cross Hos	spital			5	Silve	er :	Spr:	ing		Mon	tgom	ery
	RESIDENCE OF DECEDENT 100. STATE Md. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CIT									10d. INSIDE CITY			
DIRE	Ma. Princ	ce Geo	rge's		Cap	itol	He:	ight	ts				LIMITS? XXYES 2 NO
3AL	10e. STREET AND NUMBER	LITAL	7 70 1	77.77.7			ZIP CODE						HAT COUNTRY?
NE	6315 M. I				1.0		207					U.S.	
BY FUNERAL											- American Indian, White, etc. 9: Black		
15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY													
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	Do NOT us	se retired.)							IIIa	
MP	12th 17. FATHER'S NAME (First, Middle, Last)		Me	ealc	al E	Reco				Hos		aı	
	Joseph Marshal	11							ME (First, Midd beth		,		
O BE	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	S (Street and	l Number	or Rural F	Route Number,	City or Town	, State, Zip	Code)	
۲	Daphne Ann Elle	erbe		Sam	e as	3 #	10 a	ode	ve				
	20e. METHOD OF OISPOSITION } □ Burlel 2 ☒ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	al trom State	20b. PLACE / cemetery, cre.	matory or o	ther place)				/94TE			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	<u> Balt</u>	Wa	22.	NAME AND	ADDRES	S OF FAC	CILITY			el,N	
	Xary N	. Bu	all						ngton				
	23. PART I. Enter the diseases, or con	npiications that	caused the de	ath. Do r	not enter	the mode	BU:	rrol	ughs	AVE.	atory an	reat.	Approximate
	ahock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	Mo	NOCY (OR AS A CONSEC	TIC	, F):	LEUK	EN	1 I A	+ (A	CUT	k)		Interval Between Onset and Death
CEMILFICATION	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		(OR AS A CONSEC										
4	PART II. Other significant conditions of	contributing to	death but not r	eauiting	in the ur	nderlying	cauae g	iven in	Part i. 24	a. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	MYELOFI	BROS	15			٨			1	YES 2			COMPLETION OF CAUSE OF DEATH?
M	EO SI NO PI	MILLIC	GRA	NU	OM	//		1 10					1 YES 2 NO
AZ	25. WAS CASE REFERRED TO MEDICAL	ONIKIBUTI	E TO CAU	SE OI	DEA			NC.	eck only one)				
2		OSPITAL:	ER/Outpatient 3	□ DOA	OTHE!	R:			6 Chor (S	ne aifed			
BY PHYSICIAN: MED	27. MANNER OF DEATH	26e. DATE OF (Month, De	INJURY	28b. TIM	E OF	28c. INJUF	TA YE	I I	26d. DESCR	-	JURY OC	CURED	
١	1 Natural 5 Pending Accident Investigation	(Moran, Da	zy. rear)	les.	IURY M	WOR		NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, term, :	street, fact	tory, office			28t. LOCATIO City or To	ON (Street er own, State)	nd Number	or Rural A	oute Number,
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (end menner es stated.
מני	29b. SIGNATURE AND TURLE OF CERTIFIER	0	,			:	PG. LICE	NSE NUN			29d. DAT	E SIGNED	(Month, Day, Year)
n I	//. M	16-											
2	Months and appears of production	600	rluje	N	110	-	2.3	26	091		1	111	94
2	30. NAME AND ADDRESS OF PERSON WHO CO Anthony Boaks		2/			rate	Dr				id.	2078	94
2	1 / /	ye, M.	2/) Co	rpo	rate	Dr				id.	2078	9 <i>4</i> 85

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

0/8

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	OINTE OF INF	CE	RTIF	ICATE				R R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	M. E	rvin						2. DATE OF I	DEATH 44	Ý	1994	3. TIME OF DEATH	
	Augustus 4. social security number	T	B. AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS	7 DATE OF E	HOTH			7:45am M	
	295-48-1049	1 X M 2 - F	42	YRS.	MONTHS	DAYS	HOURS	MIN.	April	y, Year) 9.19	52	Country)	
DIRECTOR	98. FACILITY NAME (If not institution, give a Doctors Communic RESIDENCE OF DECEDENT		il		9ь. сіту, Lan		R LOCATIO				9c. COU	NTY OF DE		
EC	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY	
F	Maryland Princ	e Georges		Upp	er Ma	r1b	oro						LIMITS? 1 X YES 2 NO	
AL	10e. STREET AND NUMBER					_	ZIP CODE				10g. CIT		HAT COUNTRY?	
Ë	12711 Midstock La	ne					20772	2			Uni	ted S	states	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAR	YES 2 TH	NO If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 YES 2 NO Specify: BLACK							— American Indian, White, atc.			
15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 SALES CONSULTANT 16. KIND OF BUSINESS/INOUSTRY 17. FATHER'S NAME (First, Middle, Last) MADYON CITYTAIC														
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)			se retired.) ONSUL'	חדא א יד	1		D C	. GOV	7 E' D' NTA	A TELNITO		
M	17. FATHER'S NAME (First, Middle, Last)	4	SALE	25 ((MSUL.	LAN		ED'C NAI	ME (First, Middle			TENI		
Ö	MARYON GIVINS								MCMULI		surreme)			
386	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADORESS	(Street s			loute Number, C		, State, Zij	p Code)		
٩	CONSTANCE ERVIN	(WIFE)	1	2711	L Mids	stoc	k La	ne,	Upper	Mar1	boro	Md.	20772	
	20s. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	ioval from Stats	20b. PLACE A	ND DATE	OF DISPOSIT	TION (Na	me of		1			City or Tow	2.00	
	4 Donation 5 Other (Specify)	0511055	BATTLE	& S	ON FU	JNER	CAL H	OME		CINC	CINNA	ATI,	OHIO	
	· alex s.	Pope In		M859	AI 553	LEXA	lar1b	S. oro	POPE F	ores	tvil	le Me	d. 20747	
	23. PART i. Enter the diseases, or ehock, or heart fellure.	complications that	caused the dea	ath. Do i	not enter t	he mo	de of dyli	ng, sucl	as cardiac	or reapir	ratory ar	rest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. NO	Partie	fa	lev	e		_					Onset and Death	
MION	Sequentially list conditione, if any, leading to immediate	b. DUE TO (C	OR AS A CONSEO	UENCE O	F):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	c. OUE TO (O	OR AS A CONSEQ	UENCE O	F):									
	PART II. Other significent condition	ne contributing to d	eeth hut not re	eulting	in the une	la rivina		lace In I	Dord J. J. av.	. WAS AN		T	WERE AUTOPSY FINDINGS	
EDICAL		fluorit			4	errymig	ceuse y	TVEII III		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEATH	H Y	ES 🖂	NO	m l				1 TYES 2 TO NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	,				28. PL		ATH (Che	ock only one)					
/SIC	1 VES 2 NO	NOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Res	sidencs	6 Other (Sp	ecify)				
ВУ РН	27, MANNER OF PEATH 1 Netural 5 Pending Accident Investigation	28s. OATE OF IN (Month, Day,	(JURY Year)	28b. TIM	IE OF IURY M	28c. INJI WO: 1 Y		NO	28d. OESCRIE	BE HOW IN	JURY OC	CURED		
3 Suicide s Could not be determined 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town. State)									r or Rumai Ac	oute Number,				
APL.		ICIAN: To the best of m												
8	MEDICAL EXAMINE	ER: On the basis of exam	mination and/or in	rveatigatio	on, In my op	Inion, de	eath occure	d at the	time, date and	placs, and	due to ti	he ceuse(s)	end manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Gar)									(Menth, Day, Year)					
)	30. NAME AND ADDRESS OF PERSON WHE	272 75	52 X	an	wa	C	X	0	Sie	enl	الا	DEA MD		
SEP 0 6 1994 Schia Davidson-Randale 20										20	770	0		

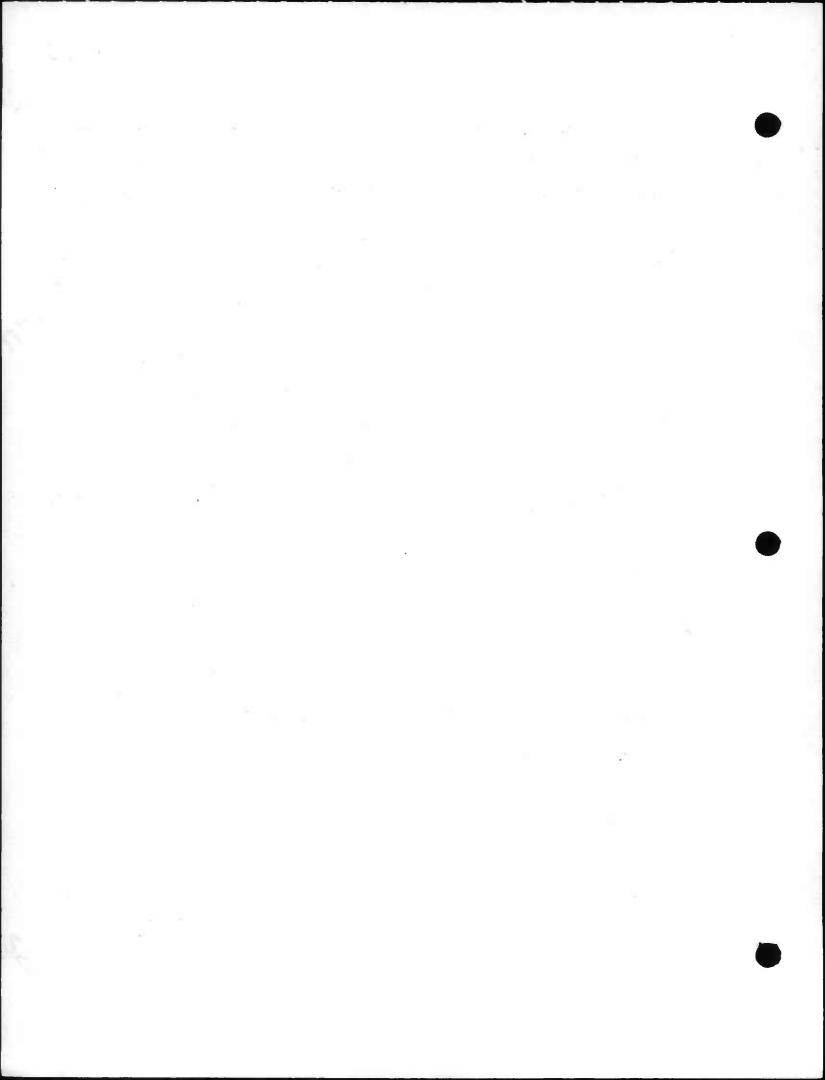
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1 -	FOR STATE REGISTRAR

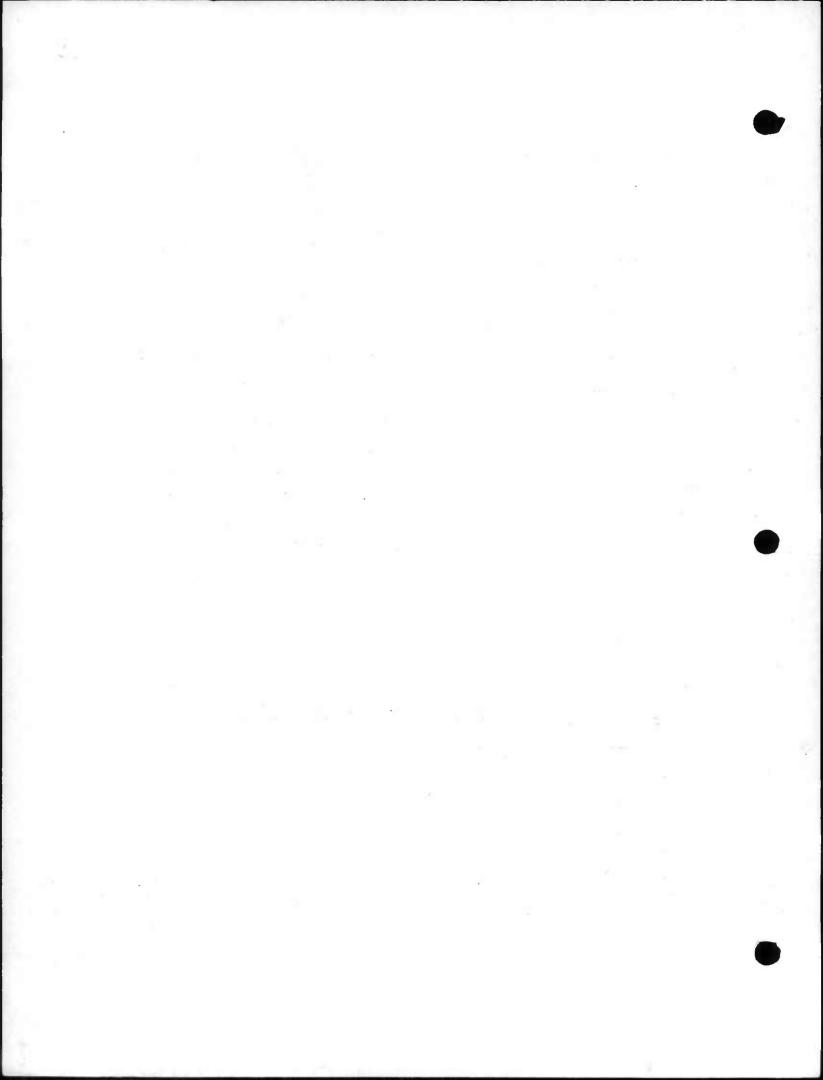
	1 - STATE REGISTRAR	SIMIE OF M		ERTIF					MENIAL	REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE O	F OEATH			3. TIME OF DEATH
	Benedict Chin	emem ERUC	HALU						Sent	ember		1994	2:52P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1		IF UNDER		7. DATE OF	BIRTH		A BIRTH	PLACE (State or Foreign
	UNAVAILABLE	1 28 M 2 🗆 F	64	YRS.	MONTHS	DAY8	HOURS	MIN.	5 1	30 Day, Year)		NIGE	RIA
_	9e. FACILITY NAME (If not institution, give s				9b. CITY,	TOWN O	R LOCATI	ON OF DE	EATH		9c. COL	JNTY OF D	EATH
6	DOCTOR'S HOSPITAL				LANHAM PG					G			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. CIT	10c. CITY, TOWN OR LOCATION								10d. (NSIDE CITY
E	MD	PG		LANHAM									LIMITS?
	10e. STREET AND NUMBER	10		List	IIIII	10f.	ZIP CODE	E			10a, CI	TIZEN OF Y	VHAT COUNTRY?
ER/	5626 GREGORY DRIV	/E				17.75	0706					ERIA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT		J.S. ARMED 13. WAS DECENDENT OF HISPANIC					HC ORIGIN? (Specify Yes or No — 14. RACE			American Indian,	
BY	1 Never Märrled 2 X Merrled 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	Омо					en, Puerlo Rican, atc.) Black, 1			t, White, etc.		
	15. DECEDENT'S EDU (Specify only highest grade		16a, D	DECEDENT'S	USUAL OCC	CUPATIO	N t of upotion		16b. K	IND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	ife. Do NOT u	se retired.)	uning mos	t or worker	ng							
M M	12TH		EX	PORT-	PORT-IMPORT				SEL	F EMP	PLOYI	ED	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mic	idle, Meiden	Sumame)		
H	JOHN ERUCHALU								A ERUC				
2	19e. INFORMANT'S NAME (Type/Print)								Route Number		,	,/	
	MARIA ERUCHALU 200. METHOD OF DISPOSITION								NHAM,				
	ty Buriel 2 ☐ Cremetion 3 ☐ Rem	Cremetion 3 Removal from State											
	4 Donation 5 Donation 5 Other (Specify) FAMILY CEMETERY 9/28/94 NNODI, NIGERIA 21. SIGNATURE OF FUNERAL SERVICE CEMETERY 22. NAME AND ADDRESS OF FACILITY												
	W.H. BACON FUNERAL HOME INC. 3447 14TH STREET, N.W. WASHINGTON, D.C. 20010												
11	23. PART I. Entar tha diseases, or			76	344	+7 1	4TH	STRE	EET,N.	W. WA	ASHIN	NGTON	,D.C.20010
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) July perfections are carterios derate carterios. July 10 (OR AS A CONSEQUENCE OF): Wascular disease.										Onset and Dasti		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
H	resoluting in death) EAST	d											
CAL	PART II. Other significant condition	is contributing to	death but not	t resulting	in the und	arlying	causa	givan in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MED	DID TORACCO HET	CONTRIBUTE	70 611	ICE	B=A=				_				1 TYES 2 NO
A	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	TOWIKIROIF	IO CAU	JOE OF	DEAT								
ᅙ	EXAMINER?	HOSPITAL:	EDIO 4	• [[]	OTHER:				eck only one)	. 50			
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2		3 DOA		ng Home 28c. INJU		esidenca	6 Other (Specify)	N.IIJBY C	CHIBED	
	1 Natural 5 Pending	(Month, Da			IURY M	WOF	RK?	¬ ÑO	200. DEŞC	HIBE HOW II	NJONI OC	CONED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, (F INJURY — At I	M 1 YES 2 NO					ION (Street o Town, State)	and Numbe	er or Rural F	Route Number,	
COMPLETED		ICIAN: To the best of a) end menner ee atated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE		~				29c. LICE	ENSE NUM	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
2		cle ni.					01	28	79		1/4	pl	2.1994
٦	SEFONSO WALL	O COMPLETED CAUS	E OF DEATH (IT	EM 27 (Type	Print)	TON	a	0	LA	ebe	, n	Do	20772
	SEPO 6 1994		R'S SIGNATURE					-					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the hospital or attending physician.

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Salara Caralle



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COURSE STED BY ELINED	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in terretary where you a should be detached for use as the building all.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

1 - STATE REGISTRAR			CI	ERTIFIC	CATE OF			REG. NO.	_			
1. DECEDENT'S NAME (First	Middle, Last)							2. DATE OF DEATH		L==:	3. TIME OF DEA	тн
Jos	EPH	EDWARD	FOR	RD				SEPTEMBER		994	4:45	Дм
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH	0, 1	6. BIRTH	PLACE (State or F	oreian
579-14-359	90	1 XM 2 - F	76	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	010	Countr	HUNTSV	ILLE
9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY, TOWN	OR LOCATION	OF DE		918 9c. cou	MAR NTY OF D	YLAND	
		RGE'S H	OSPITA			HEVEF				NCE		E'S
RESIDENCE OF DEC	10b. COUNT	ν		10c CITY	TOWN OR LOCA	TION						
MARYLAND		CE GEOR	2012	100. 0111,	GLENA						10d. INSIDE CIT	
10e. STREET AND NUMBER	LICTIV	CL GLOR	311 0								1 X YES 2	NO
100.011.217 2110 110000211					"	if. ZIP CODE			10g. CIT		WHAT COUNTRY?	
11. MARITAL STATUS	7912	TYLER		4460	1 10 1110 00		70				SA	
1 Never Merried 2	Merried	FORCES? 1	YES 2 T		If yes, s	pecify Cuban,	Mexice	IIC ORIGIN? (Specify Yee n, Puerto Ricen, atc.)	or No-	14. RACE Black	E — Americen Ind k, White, etc.	len,
3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES		1 🗆 YE	3 2 XNO	Specify	r		Speci	BLACK	
15. DEC	EDENT'S EDU	NOV . 25-			SUAL OCCUPAT	ON		16b, KIND OF BUS	INESS/INI	VOTELL	DLACK	
(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5 +	(G		vk done during m			NO. KIND OF BOS	///L33/111	J031H1		
11th	-12)	College (1-4 of 5 +	'	c	STEWARD			GO	ידיע			- 1
17. FATHER'S NAME (First, M	iddle, Last)				JILMAKO		R'S NAI	ME (First, Middle, Maiden				
	אגדואים	IN L. FO	מס			l ioi morrie		ERTRUDE F.		ז איב		
19e. INFORMANT'S NAME (7		IIN L. FU	1	MAILING A	DDBESS (Stead	and Number or		ROUTE F . ROUTE Number, City or Town	~ .	_		_
EDNA M.		WIFE	1 -					RDEN, MARY			06	
20e. METHOD OF DISPOSIT	ON			-	DISPOSITION (A				CATION —			
1 XBuriel 2 Cremation 4 Donetion 5 Other		oval from State	cemetery, cre		er piece) DLN CEM	vosna		9-10 BRE				\
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE //	1	TITING		ND ADDRESS	OF FAC		ATWO	י נענ	TATE I TIME	
> Suai	MINI	9 7 1	SLAX	ton				S FUNERAL I ROAD LANDO		. MAT	RYTAND20	785
23. PART i. Enter the di	seeses, pr	omplications the	ceused the de	eth. Do no							Approxim	
anock, or no	ert fellure.	List only one ceu	se on aech line			out bi uying	,	i do corono di Teapi	atory an	1001,	Intarval B	etwean
immediate Cause (Fin disease or condition reaulting in death)	→	a. Acu	tere	spil	atopy	Fo	u	upe			Onset an	d Daath
Sequantially list conditi		b. Cong	estive	He	apt 1	ailus	دو	Card	· Qwy	000		
if any, leading to imme	diata	DUE 70	OR AS A CONSEC	DUENCE OF):				1	0	1		
ceuse. Enter UNDERLYi CAUSE (Disease or inju		a def	214									
thet initiated events resulting in daeth) LAS		DUE TO	OR AS A CONSEC	R AS A CONSEQUENCE OF):								- 1
totaling in deatily ario		d. My	COTIC	For	urysn	~ 7	n	fection				
PART ii. Other aignifice	nt condition	a contributing to	death but not r	aauiting in	the underlying	g cause gly	en in i	Part I. 24a, WAS AN	ALITOPSY	24h	WERE AUTOPSY F	SONIDAR
Acute R	1 1	1.1	^		. 00	1 .	Α.	PERFOR	MED?		AVAILABLE PRIOR COMPLETION OF	TO
1 11 11	mar	Partues		ema	ly TK	tern 1	عدر	PAGE 1 TYES 2	NO		OF DEATH?	
	Ave	71000	ment		<u></u>	0					1 TYES 2	NO
DID TOBACCO U		RIBUTE TO CA			□ NO D		RTAIN	1 🗆				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PLAC		(Check only one							
1 YES 2 ND		G inpatient 2	ER/Outpetient 3	□ DDA 4	Nursing Ho		dence	6 Other (Specify)				
27. MANNER OF DEATH 1 S2 Natural 5	/ Pending	28e. DATE OF (Month, De	INJURY ly, Year)	28b. TIME INJUI		JURY AT ORK?	. 1	28d. DEŞCRIBE HOW IN	NJURY OC	CURED		
	nvestigation	6/1	9194	_ A		YES 2	90	Interior	5~, f	2051	Ĺ	
	Could not be	28e. PLAGE Of building,	F INJURY — At ho atc. (Specify)	me, farm, str	eet, tactory, offi	20		28t. LOCATION (Street e City or Town, State)	nd Number	or Rurai F	Route Number,	
4 Homicide	determined	<i>F</i>	tome									
29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurred	at the time, dat	and place, er	nd due	to the ceuse(e) end men	ner ee atai	ted.		
								time, date end place, en			end menner ee s	stated.
29b. SIGNATURE AND TITLE						29c. LICENS					(Month, Day, Year)	
1100 .		1 Ly	X 100			DII	- 7º	9 %	avu. DAI	A I	(Month, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	FOE DEATH (TO	1 27) /5 ^	Print)	LVT	27	00		7/1	194	
1100	C'-	1 1. 1	11 - 11	n arjirype, r	(1	A 15			1			
31. DATE FILED (Month, Day,	011	- (NO)	11,0 V	ZRNU	mut	· IVE	Jin	175 100 M	lach	علوما	LDC20	1017
SI. DATE FILED (MORTH, Day,	near)	32. REGISTRA	R'S BIGNATURE	Randal	2			/		1		

and the second	1, 2, 3 should	30
, BALTIMORE, MARYLAND 21215-0020	hin 24 rours after death. Page 6 may be retained by the hospital or attending physicial carry from the property of the period of the burial-transformer or remove or remove.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and computerly find in by the moral director, page 5 should be detached for use as the burial-transfer field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, computer, or remove	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Morith, Day, Year)
SFP 0 8 1994

		, , , ,)	4 20.0.	
	FOR 1 - STATE REGISTRAR	STATE OF			TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last,		le L				2. DATE OF DEATH	MY	3. TIME OF DEATH	
	WILLIAM	FEDORSH					September	2,19	94 10:47 A M	
	4. sod (0 Security N) Miles (5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)	
		1 🔀 M 2 🗆 F	63	YRS.	7110.33		July 9,	1931	Brooklyn, N.Y	
<u>س</u>	90. FACILITY NAME (If not institution, give Doctors Commu		znital		96. CITY, TOWN OR LOCATION OF DEATN Lanham				TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	iii cy do.	spicar		Пат	III am		PII	nce Georges	
i iii	10e. STATE 10b. COUN	/		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
	Maryland Pr	ince Geo	orges]	Lanham				1 ZYES 2 NO	
FUNERAL	100. STREET AND NUMBER 6528 Dawnwoo	d Drive			101	20706		10g. CITIZI	EN OF WHAT COUNTRY?	
3	11. MARITAL STATUS		IT EVER IN U.S. ARI		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- 14. RACE			4. RACE — American Indian		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:					4. RACE — American Indian, Black, White, atc. Specify:	
	15. DECEDENT'S ED	Korea-U.S		1-55	USUAL OCCUPATION		I an ania as as		white	
	(Specify only highest grad Elementary/Secondary (0-12)		(GA	ve kind of v	work done during mo	st of working	16b. KIND OF BU		STRY	
됩	12	4	" Sy	stem.	Analyst		Hahn Shoo	25		
BE COMPLETED	17. FATNER'S NAME (First, Middle, Last) John Fedorshik			18. MOTHER'S NAME (First, Middle, Malden Surname) Leda Linkovich						
TO B									VA 22193	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rer	noval from State	20b. PLACE A	ND DATE (OF DISPOSITION (Na	me of	OATE 20c. LC		ity or Town, State	
0.0	4 Donation 6 Other (Specify)		Maryla	and		Cemetery		helter	nham, MD	
	21. SIGNATURE OF POPERAL SERVICE L	A CENSEE	1		Rendo	n/Hale I	anham Fune	eral H	ome	
	· / Malano	1/2	nels		9013	Annapoli	s Road, La	anham,	MD 20706	
	23. PART I Enter the diseases, Dr shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	List only one ceu	ise on each line.						interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Out TO (OR AS A CONSEQUENCE OF): Out TO (OR AS A CONSEQUENCE OF): Onset and Death Out TO (OR AS A CONSEQUENCE OF):									
Z.	Sequentielly list conditions,	b								
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSECU	UENCE OF	7):					
ERTIFICATION	CAUSE (Disease or injury that initiated events	CDUE TO	(OR AS A CONSECU	UENCE OF	٦٠					
E	resulting in death) LAST		,		,				j	
뜅		d.								
¥.	PART II. Other significant condition	ns contributing to	death but not re	sulting i	n the underlying	ceuse given in	Part I. 24s, WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ğ							1 🗆 YES 2	NO NO	COMPLETION OF CAUSE DF DEATH?	
Σ							_		1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	Lean control of		OTHER:	ACE OF DEATN (Ch				
¥	27. MANNER OF DEATN	28e. DATE OF	ER/Outpatient 3 [26b. TIME			6 Other (Specify)			
	1 Natural 5 Pending	(Month, De	ny, Year)	INJ		RK?	28d. OEŞCRIBE HOW I	NJUHY OCCU	RED	
BY	Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	F INJURY — At hom	ne, farm, s			281. LOCATION (Street	and Number or	Rural Route Number	
Ĭ	4 Homicide determined	building,	etc. (Specify)				City or Town, State)		The state of the s	
COMPLETED							to the cause(e) end mai		ceuse(e) end menner as stated.	
	296, SIGNATURE AND TITLE OF CERTIFIE	R				00- 11051105 11111				
TO BE	10 MANE (M) ADDRESS OF PERSON WITH ALFONSO VAL	elle m	SE OF DEATH STEM	27) (Time	Drint)	0178	-79	De	BIGNED (Month, Day, Your) Del 3, 1994	
	ALTONSO VAL	EM.D.	1070)	TRA	of Ton	DR.L.	ARGO, 1	UD.	20772	

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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-tran removal.	edical examiner must be notified at once.
	101	y filled i	the m
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DI REGISTRAR CER

STATE	OF	MARYLAND	1	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYG	IENE
		C	E	RTIFICATE	0	F DEAT	TH		DEG	NO

1. DECEDENT'S NAME (First, Middle, I JAMES L. FARR		CERTIFIC			REG. I	10.			
JAMES L. FARR					2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH		
	ELL				Sentember		5:00 PM		
4. SOCIAL SECURITY NUMBER	5. SEX 6. A		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	8 BI	RTHPLACE (State or Foreign		
577-24-4292	1 🖾 M 2 🗌 F	71 YRS. M	ONTHS DAYS	HOURS MIN.	July 27		shington, D.C		
9a. FACILITY NAME (If not institution,	give street and number)	9	b. CITY, TOWN	OR LOCATION OF		9c. COUNTY C			
LIVINGSTON HEALTH CARE CENTER Ft. Washington Prince Georgesidence of December 1									
Maryland Pri	nce Georges		rown on Loca Washing			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 12021 Livingsto	n Road		10	1. ZIP CODE 20737		10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Never Married 2 Merried 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic 3 2 NO Spec	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	IACE — American Indian, Ilack, White, atc.			
	FDUOTION				White				
15. DECEDENT'S (Specify only highest		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during m	ON ost of working	16b. KIND OF	BUSINESS/INDUSTR	Y		
Elementary/Secondary (0-12)									
8th		LTruck Dr	iver			Moving Co	ompany.		
17. FATHER'S NAME (First, Middle, Las	()			18. MOTHER'S N	AME (First, Middle, Mail	den Surname)			
John E. Farrel				Josep	nine M. H	unt			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street	end Number or Rura	Route Number, City or	Town, State, Zip Code)		
Thomas D. Farre	11. Sr.	6813 Pic	ckett I	Or Morn	ingside.	MD 20746			
20a. METHOD OF DISPOSITION	Samoual from State	206 BUNCE AND DATE OF	DISPOSITION /N			LOCATION - City o			
4 Donation 5 Other (Specify)		Metropolita	rpiace) an Cren	natory	9/7 A1	exandria	VΔ		
21. SIGNATURE OF FUNDRAL SERVICE	TE LICENSEE	>	22, NAME A	ND ADDRESS OF F	ACILITY		7.0		
1/	A	No.			UNERAL HO				
1	-12/		4308 5	Sutialnd	Rd. Suit	land,MD 2	20746		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Solv	Lager	Can	ihor	na	C	Approximate Interval Betwee Onset and Das 2 4/A		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· Fai	LE ON A CONSEQUENCE OFF	Thora	-Or	enc				
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Jan	eurol	the underlyin	ng ceuse given la	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Jan	eurol	the underlyin	ng ceuse given la	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a DUE to con	h but not resulting in	26. P	LACE OF DEATH (C	1 Ves	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	AL HOSPITAL: Impetent 2 ERVI 28e. DATE OF INJU (Month, Day, Ye.)	h but not resulting in	26. P THEP: Nursing Hor PY 28c. IN. W	LACE OF DEATH (C	PER 1 VEt	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	AL HOSPITAL: 1 Inpatient 2 ERV. (Monih, Day, Ye. (Mo	Dutpatient 3 DOA 4 Dutpatient 3 DOA 4 RY 28b. TIME 6 INJUR	26. P	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO	heck only one) 6 Other (Specify) 28d. DESCRIBE HO	FORMED? 3 2 NO W INJURY OCCURE!	AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physic	in by the funeral director, page 5 should be detached for use as the burial
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal

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The lan	ate Dec	em 23
SICIAN:	certification the St	or It
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TENDIN	OR: Aft	8 Is n
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be fled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	VERAL Nin 72 I	H 20
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10	5 5 F	IMP

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIE					
1	DECEDENT'S NAME (First, Middle, Last T	ANJA MARIE FO	OURNIER			2. DATE OF DEATH MONTH AUG 30	1994	YEAR	TIME OF DEATH A		
	4. SOCIAL SECURITY NUMBER 517-06-9989 98. FACILITY NAME (If not institution, give	1 □ M 2 🕮 F	□ M 2 F 22 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Sept 19, 19						8. BIRTHPLACE (State or Foreign Country) 71 Kansas		
HOL	Bethesda Naval Ho				esda	Montgomer					
DIRECTOR	10a. STATE 10b. COUN	re George's		r, town or local drews Ai	rforce B	Base			d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3906 #1 Tyler Roa	ad		36	H. ZIP CODE 20335		Inited States				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RAI TYPE (Specify Yes or No— 15) Rain (Specify Cuben, Maxican, Puerto Rican, etc.)							
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Coilege (1-4 or 5 +)	life. Do NOT us	vork done during m e retired.)	ON ost of working	16b. KIND OF B	USINESS/INDU	STRY			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Bank T	errer		ME (First, Middle, Maide	n Sumame)	ral (<u> Credit</u> Unio		
O BE	Larry G. Otto 19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	M. Lach		Code)			
	Dennis Richard Fo 20a. METHOD OF DISPOSITION 1 Burlel 25/Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State 20	b. PLACE AND DATE O	3906 #1 Tyler Road, AAFB 20335 CEAND DATE of DISPOSITION (Name of corematory or other place) DATE 20c. LOCATION — City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE IS	eptember	22. NAME A	ND ADDRESS OF FA	matory Cl cur Lee Fu Ferry Ro	neral	Home	,Inc 6633		
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. BRAINSTEM	each lina.	ON	oda of dylng, suc	h as cardiac or rea	piratory srre	et,	Approximate Interval Between Onset and Death 48 hrs		
HILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST MASSIVE LEFT HEMISPHERE STROKE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL OF	PART II. Other significant condition	one contributing to death i	out not resulting I	n the undarlyli	ng cause given in		IN AUTOPSY ORMED?	CO	ERE AUTOPSY FINDINGS BILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 XNO		
JAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (CH	eck only one)					
PHISICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCCU	JRED			
ED BT	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJURY	Y — At home, farm, a			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	onel	SICIAN: To the best of my know							nd manner as stated.		
0 00	286. SIGNATURE AND TITLE OF GRETTES	SL 35	>		29c. LICENSE NUI D-3783	9	131	Aug	onth, Day, Year) UST 1994		
	30. NAME AND ADDRESS OF PERSON W THOMAS DEGRABA			Print)		AL NAVAL DA MD 208			TER		
	SFP 0 7 1994	Fully Davidson-Ro									

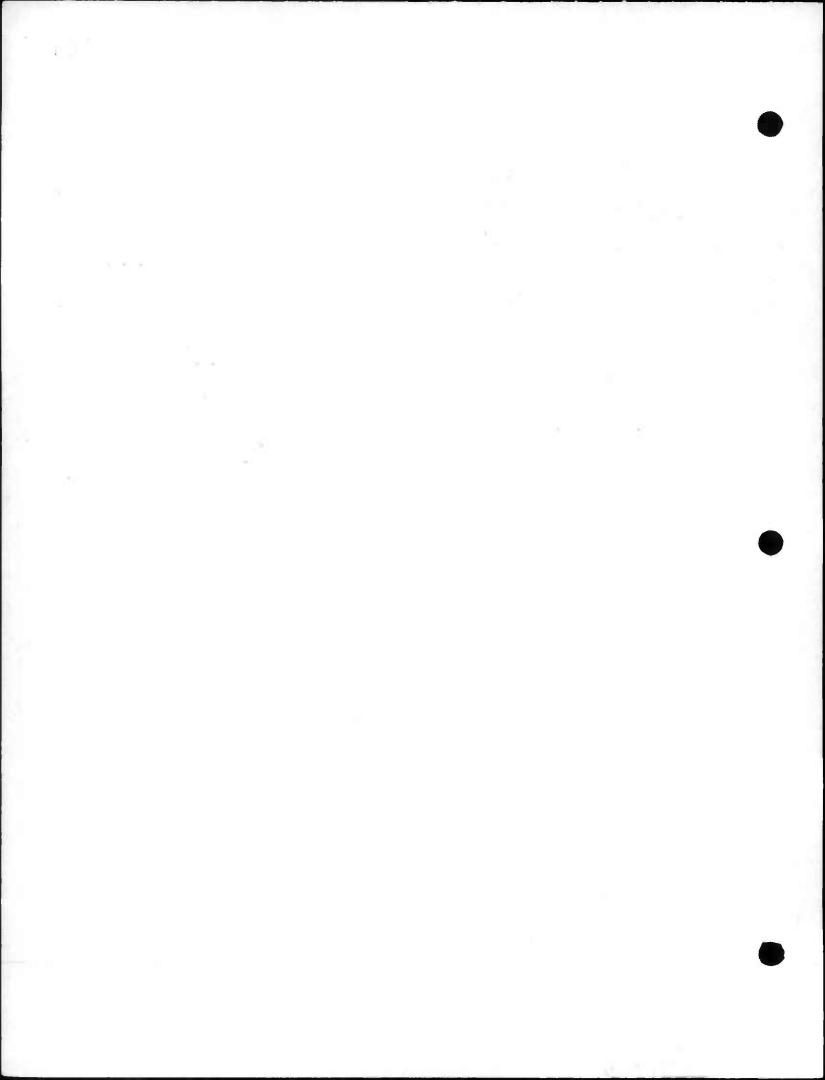
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De fined within 72 hours after death, with the State Obgr. of Health and Mental Hyderie prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF QEATH		3. TIME OF DEATH			
	JOHN Charles	FRJ	SBY			AUG 30		2215P M			
	4. SOCIAL SECURITY NUMBER 457-28-1591	5. SEX 6. AGE (1)		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 28	Countr	PLACE (State or Foreign y) Xas			
1	9a, FACILITY NAME (If not institution, give s	treet and number)	98	b. CITY, TOWN O	R LOCATION OF DE			COUNTY OF DEATH			
DIRECTOR	Malcolm Grow Ho			Camp Sp	rings An	drews AFB	Prince	George's			
H	10a. STATE 10b. COUNT			OWN OR LOCATI				10d. INSIDE CITY LIMITS?			
	Maryland Prince	George's	Foi	restvil	Le ZIP CODE			1 YES 2 NO			
FUNERAL	8106 Darcy Road			101.	20747		U.S.A				
	11. MARITAL STATUS 1 Newer Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 15 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yee, spe	cify Cuban, Maxican	IC ORIGIN? (Specify Yes	Biaci	— American Indian, c, Whita, atc.			
D BY	3 Widowed 4 Divorced	WWII 1940	- 1945		2 NO Specify			asian			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mos	N t of working		of the N				
IPL	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Education	nal Spe	cialist		or the N Sovernmen				
Ö	17. FATHER'S NAME (First, Middle, Last)		200000101	TAL DEC		ME (First, Middle, Maiden					
BE (Ben Fri	sby				Ora C. Wa	ırd				
0	19a. INFORMANT'S NAME (Type/Print)	- 1.1				loute Number, City or Tow	n, State, Zip Code)				
	Mrs. Jonnie F.			as 10		C 100-10					
	20a METHOD OF DISPOSITION Main	oval from State cem	PLACE AND DATE OF D	place)	erang Ce	m199/1 C1	CATION — City or To	, Maryland			
	21. BIGNATURE OF FUMERAL SERVICE LIC	HISEE /	Lylana ba	22. NAME AN	D ADDRESS OF FAC	Lee Fune	eral Home	. Inc.			
Į,	· May UN	Hab.		6633	Old Alex	ander Feri	y Rd Cli	nton, Md			
	23. PART I. Enter the diseases, pr	complications that caused	the death. Do not	entar tha mod	le of dying, suct	as cardiac of respi	ratory errest,	Approximate			
:	shock, pr heart failura. List pnly pne cause on each line. IMMEDIATE CAUSE (Final disease pr condition resulting in death) SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE										
	_	PNEUMONIA	CDNSEOUENCE OF):								
5	Sequentially list conditions, if any, leading to immediate	0.	CONSEQUENCE DF):								
CA	COURS Enter LINDEDLYING	c RENAL FAILU									
CERTIFICATION	that initieted events resulting in daath) LAST	DUE TO (OR AS A	CDNSEOUENCE OF):								
	7477 H OH - 1 H	d									
MEDICAL	PART II. Other significent condition THROMBOCYTOPENIA			the underlying	ceuse given in	Part i. 24s. WAS AN PERFOR	MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
ME	OF DEATH										
AN	DID TORACCO LISE	CONTRIBUTE TO	DEATH V								
	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF								
SICIAN:		HOSPITAL:	_ 0	28. PL	ACE OF DEATH (Che	nck only one)					
PHYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HQSPITAL:	_ 0	28, PLI THER: Nursing Home	ACE OF DEATH (Che 5 Rasidence		NJURY OCCURED				
ВУ РНУ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Accident Investigation	HOSPITAL: 1 \(\text{Ainpatient 2} \) ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	etlent 3 DOA 4	28, PL THER: Nursing Home F 28c, INJL Y M 1 Y	S Rasidence	8 Other (Specify) 28d. DESCRIBE HOW I		Route Number,			
ВУ РНУ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Accident Investigation	HOSPITAL: 1 \(\times \) Inpetient 2 \(\times \) ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	etlent 3 DOA 4	28, PL THER: Nursing Home F 28c, INJL Y M 1 Y	ACE OF DEATH (Che 5 Rasidence	8 Other (Specify) 28d. DESCRIBE HOW I		toute Number,			
ВУ РНУ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH A	HOSPITAL: 1 \(\text{Ainpatient 2} \) ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	etient 3 DOA 4 28b. TIME 0 INJURY — At home, farm, streetity)	28. PL THER: Nursing Home F Y M 1 U et, factory, office	ACE OF DEATH (Che 5	ck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State)	and Number or Rural F				
E COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH A	HOSPITAL: 1 Language Language 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Clans): To the best of my knowledge. CIAN: To the basic of examination	etient 3 DOA 4 28b. TIME 0 INJURY — At home, farm, streetity)	28. PL THER: Nursing Home F Y M 1 U et, factory, office	ACE OF DEATH (Che 5	ck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(s) and mattime, date and place, en	and Number or Rural F) end manner as stated.			
BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH A Suicident 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER A MANCAL 29b. SIGNATURE AND TITLE OF CERTIFIER A MARCAL 25. WAS CASE REFERRED TO MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER A MARCAL 25. WAS CASE REFERRED TO MEDICAL EXAMINE 25. WAS CASE REFERRED TO MEDICAL EXAMINE 25. WAS CASE REFERRED TO MEDICAL EXAMINER 25. WAS CASE REFERRED TO MEDICAL EXAMINER 26. WAS CASE REFERRED TO MEDICAL EXAMINER 26. WAS CASE REFERRED TO MEDICAL EXAMINER 27. WAS CASE 27. WAS CASE 28. WAS CASE 29.	HOSPITAL: 1 Langetlent 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge) RECORD To the basic of examination	etient 3 DOA 4 28b. TIME 0 INJURY — At home, farm, streetily edge, death occurred at and/or investigation, is	28. PL THER: Nursing Home F Y M 1 V et, factory, office at the time, date in my opinion, de	ACE OF DEATH (Che 5 Residence RY AT RY ES 2 NO and place, and due ath occured at the 29c. LICENSE NUM MOR3H2	ck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State) to the cause(a) and martima, date and place, en	and Number or Rural Factors as stated. d due to the cause(e	(Month, Day, Year) Γ 31 1994			
E COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH A Settle	HOSPITAL: 1 Ainpatient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec ICIAN: To the best of my knowledge.) R. On the basic of examination	etient 3 DOA 4 28b. TIME 0 INJURY — At home, farm, streetigt) edge, death occurred at and/or investigation, in	28. PL THER: Nursing Home F 28c. INJI WOI 1 Y et, factory, office at the time, date n my opinion, de	ACE OF DEATH (Che 5 Residence RP AT RK? ES 2 NO end place, and due ath occured at the MOR3H2 S MALCOLN	281. LOCATION (Street City or Town, State) to the cause(a) and maintime, date and place, en BER GROW MED	and Number or Rural R aner as stated. d dua to the cause(e 29d. DATE SIGNED AUGUST ICAL CENT	(Month, Day, Year) Γ 31 1994			
BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Ainpatient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec ICIAN: To the best of my knowledge.) R. On the basic of examination	etient 3 DOA 4 28b. TIME 0 INJURY — At home, ferm, street edge, death occurred a a and/or investigation, in ATH (ITEM 27) (Type, Price)	28. PL THER: Nursing Home F 28c. INJI WOI 1 Y et, factory, office at the time, date n my opinion, de	ACE OF DEATH (Che 5 Residence RP AT RK? ES 2 NO end place, and due ath occured at the MOR3H2 S MALCOLN	ck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State) to the cause(a) and martima, date and place, en	and Number or Rural R aner as stated. d dua to the cause(e 29d. DATE SIGNED AUGUST ICAL CENT	(Month, Day, Year) Γ 31 1994			

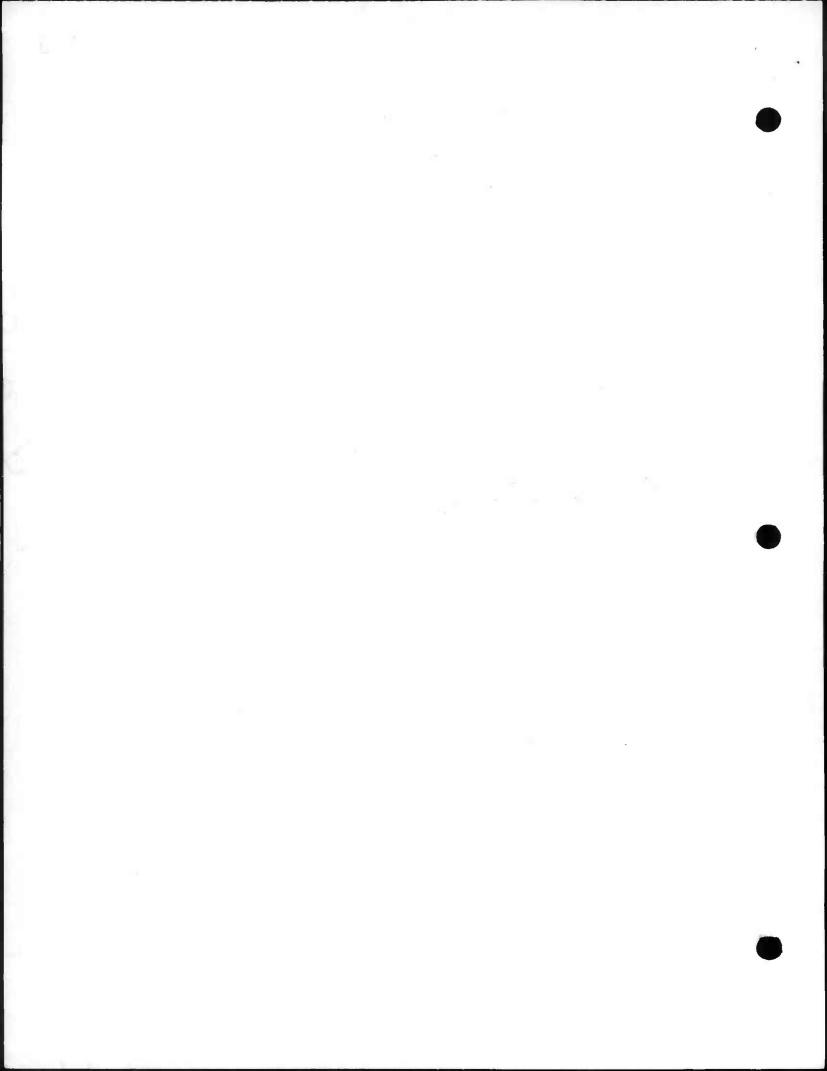


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.O. BOX	and the same has a
RECORDS, F	P. D. S. M. The land securities that the dead and the security and
I OF VITAL F	
DIVISION	Constitution of

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ì	1. OECEOENT'S NAME (First, Middle, Last)	CODD	2. DATE OF DEATH

	REGISTRAR			THE	ICATE	UF I	DEATH		REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) JOAN VIRGINIA	FORD			P)	П			2. DATE OF DEATH SEPTEMBERY 13 1994 2:55 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last	t birthday)	IF UNDER t	YDER 1 YEAR IF UNDER 24 HRS			DATE OF BIRTH		8 BIRTHPI	LACE (State or Foreign
	213 32 1120	1 □ M 2 🔀 F	59	YRS.			HOURS MIN.	Jı	Month, Day, Year) une 13,		Ma.ry	yland
DIRECTOR	96. FACILITY NAME (II not institution, give stre THE JOHNS HOPKINS					ORE CIT			9c. COUNTY OF DEATH N/A			
ξl	RESIDENCE OF DECEDENT											
2	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON				1	Od. INSIDE CITY
	Maryland Carr		We	stmir		I' CODE			100 CITI	-	YES 2 NO	
FUNERAL	22 Westmoreland St	reet					21157				ed St	
5		12. WAS DECEDENT EVE			13. WA	S DECE	NDENT OF HISE	ANIC O	RIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y		Ю			NO Spe		erto Ricen, etc.)		Specify: Wr.1	
旦	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION completed)	(Gh	ve kind of v	USUAL OCC	UPATION	of working		16b. KIND OF BUS	SINESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	ered N			ı	Missage	inc II	lom o	
OMI	17. FATHER'S NAME (First, Middle, Last)	3	кес	giste	erea r			NAME (F	Nurs.		ome	
BE C	Charles Fenton Sul	livan					Geor	gia	Lillian	Hust	er	
	19s. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (S	Street sno			Number, City or Town			
5	Kathryn Matthews		28	83 St	em Ro	oad,	Union	Br	idge, MD	21	791	
	20s. METHOO OF DISPOSITION N☐X Burlet 2 ☐ Cremation 3 ☐ Remov	rel from Stats	20b. PLACE A cematary, crer	matony or of	har placel			1			City or Town	
	4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!		Mt. G	ilead	town,	Maryland						
	15000	1121 1	1.0.	My€	ers	Funera	1 H	ome				
	MULLINITA	Verhout	1/1/	484	0/91	Wil	lis St	, We	estminst	er, M	D 2	21157
	23. PART I. Enter the disessea, or co ahock, or heart fallurs. Li	st only one cause of	n each lins.	stri. Do r	ot enter th	e mode	e of dylng, s	uch ss	cardisc or respi	ratory srn	est,	Approximate Interval Between
Ì	disease or condition										Onset and Death	
ł	resulting in death) s.	DUE TO (OR A			7:							6 month
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OR)	IS A CONSEC	DENCE OF	·J:							
Ĕ	CAUSE (Disesse or Injury that initiated evants	DUE TO (OR A	S A CONSEO	UENCE OF	7):							
8	reaulting in death) LAST											
	PART II. Other significant conditions	contributing to dest	h but not re	sulting i	n the unde	rlying	csuse given	In Part	I. 24a. WAS AN		24b. W	/ERE AUTOPSY FINDINGS
EDICAL									PERFOR		A	MAILABLE PRIOR TO DMPLETION OF CAUSE
									1 TYES	NO NO	0	F DEATH?
Σ ;	DID TOBACCO USE CONTRI	BUTE TO CAUSE	OF DEAT	ГН ҮЕ	S \square NO	ΣП	UNCERTA	IN D	a		'	YES ZX NO
Ž I	25. WAS CASE REFERRED TO MEDICAL				H (Check only		OTTOLKI	عر ۱۱۱۰	<u>-</u>			
Sign	EXAMINER?	HOSPITAL:	Outpatient 3	□ DOA	OTHER:	g Home	5 Residenc	a 6 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJUS (Month, Day, Yes		28b. TIM	E OF 26 URY	ic. INJUF	RY AT	_	. DESCRIBE HOW IP	NJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJU- building, etc. (S	JRY — At hon	ne, term, s			3 1 NO	26t.	LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	ite Number,
	4 Homicide determined								ony or lown, state)			
립	29e. CERTIFIER (Check only	AN: To the best of my kr	nowledgs, des	ith occurre	d at the time	, date sr	nd plecs, and d	ue to th	e cause(s) and man	ner ss atate	ıd.	
29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									ind manner as stated.			
8	29b. SIGNATURE AND TITLE OF CERTIFIER	m.m.	D.				D2715			29d. DATE	SIGNED (M	19nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type,	Print)					, -> A	7	
	31. DATE FILED (Mogth, Day, Year)	32, REGISTRAR'S SI	IGNATURE	7011	C 16.	.70	Man	0~	-, mo 2	-1 43	1	
John Davis LOO N. Wolfest. Baltomore, mo 21237 31. DATE FILED (Mogili, Day, 1901) 32. REGISTRAR'S SIGNATURE SEP 15 1994 Juna Direction and												



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MISTIAL OR ATTENDING PRYSCIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR ATTENDING THE CENTRAL HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proper the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		S	STATE OF M	IARYL				NT OF H TE OF			MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	t, Middle, La	nst)									2. DATE	OF DEATH		_	3. TIME OF DEATH
	ANICE	=1 ^	DET OD!	70		CD AV	TON				MONTH DAY YEA			YEAR	
4. SOCIAL SECURITY NUMBER	ANGE		DELORI		In yrs. lasi	GRAY	_	DER 1 YEAR	IF UNDER		SEPTEMBER 5.			1994	
			□ M 2 7 F	v. Mul.		YRS.	MONTH		HOURS	MIN.	(Mont	h, Day, Year)		Count	HPLACE (State or Foreign (ry)
579-80-28			- 11		35	THO.						.14,1	958	WAS	SH., DC
9e. FACILITY NAME (If not in	nstitution, gi	ive street	and number)				9b, CI	ITY, TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
PRINCE G	EORG	SE ' S	HOSP	ITA	L		_	C	HEVI	ERLY	7		PRTI	VCE	GEORGE'S
RESIDENCE OF DEC	CEDENT									11111			11.11	101	GEORGE 5
10a. STATE	10b. COU	JNTY				10c. CIT	Y, TOW	N OR LOCAT	ION						10d. INSIDE CITY LIMITS?
MARYLAND	PRI	NCE	E GEOR	GE'	S		CA	PITO	L HI	EIGH	ITS				1 X YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF											IZEN OF	WHAT COUNTRY?			
1221	FOY	ER	AVENU	E					20	743	3				USA
11. MARITAL STATUS		7	WAS DECEDEN		U.S. ARI	MED	1	I3. WAS DEC				N? (Specify Yea	or No-	14: RAC	E — American Indian,
1XXNever Married 2	Married		FORCES? 1 IF YES, GIVE W			10		If yea, sp	ecify Cubi	n, Mexica	n, Puerto	Rican, atc.)		Blac	k, White, atc.
3 Widowed 4 Divo	proed		11 1E3, GIVE W	AR OR D	ALES			1 TYES	2 X NO	Specify	у.			Spec	BLACK
15. DEC	EDENT'S E	EDUCATION	ON		18a, DE	CEDENT'S	USUAL	OCCUPATION)N		165	, KIND OF BUS	UNESS/INI	DUSTRY	
(Specify onli Elementary/Secondary (\leftarrow	(Gi	ve kind of Do NOT u	work do:	ne durina mo	st of working	ng					ì
8th	U-12)	Co	ollege (1-4 or 5+	'		MEST						O TATAT	ног	νΈ	
17, FATHER'S NAME (First, M	ticidia 1 and				וטע	ا درست			40 45.00	tena :	Me :=:			TL	
					_							Middle, Maiden			
		S PA	AUL WI	LKE	Si	JR.				SARA	H L	. GRA	YTON	1	
19a. INFORMANT'S NAME (Type/Print)				19b	. MAILING	ADDRE	ESS (Street a	nd Number	or Rural F	Route Num	ber, City or Town	n, State, Zip	Code)	20743
NEFFERTARI (GRAYT	NO?	WILDER/	DTI	₹.	1221	. F	OYER	AVE	ENUE	: CA	PITOI	, нт	S.	MARYLAND
20a, METHOD OF DISPOSIT	ION D	lamauni	Amora Chata	20b	PLACEA	ND DATE	OF DISP	OSITION (Na	me of		DAT	E 20c. LO	CATION —	City or To	own, State
4 Donation 5 Other	(Specify)	MINOVAL	nom state	cerr	HAR	Mon	Y Place	IEMOR	IAL	PAF	RK9-	10 LAN	DOV	ER,	MARYLAND
21. SIGNATURE OF FUNERA	L SERVICE	LICENS	EE /	0		- 2	2	2. NAME AN	ADDRE	SS OF FA	GILLITY.	DITTO			
1110	1111	110	X I	1	AU	La	1	J .	B	JENE	KINS	FUNE	RAL	HOI	ME 20785
Juli	uu	MU	ULI		UX	401									ER, MARYLAN
23. PART I. Enter the d	Iseesea,	or com	plicationa that	cauaad	the de	ath. Do i	not ent	ter the mp	de of dy	lng, auci	h as care	dlec or reapl	ratory er	rest,	Approximate
IMMEDIATE CAUSE (Fir		ire. Liat			-										Interval Batween Quset and Death
disease or condition	-		CIA	nA	100	. /	-			1	20	ess	7		The Car
reaulting in death)		0	DUE TO	(OR AS A	CONSEC	UENCE O	FI:	on/er	7	-AJ		000			10 minucks
		_	11	17	10		,								j
Sequentially list condit		b	DUE TO	(OR AS A	CONSEC	UENCE O	F):								
If any, leeding to imme cause. Enter UNDERLY			RI	1.1-	1			45	1						i l
CAUSE (Disease or injute that initiated events	iry	с	DUE TO	OR AS A	CONSEC	UENCE O		73	1						
resulting in death) LAS	T			,			. ,.								
		d			_		_								
PART ii. Other significe	ent condit	tions co	ontributing to	death b	ut not re	esulting	In the	underiying	ceuse	given in	Pert I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
M	793	16	70	MI	En	TA	9/2	سرد				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
47-62											_	1 YES 2	□ NO		OF DEATH?
DID TODA COOK	ICE CO.	ITNIE	UTE TO C:	110= 5		-1.1									1 TES 2 NO
DID TOBACCO U			UTE TO CA			_	_		UNC	ERTAIN	ИП				
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	_	OSPITAL:		26. PLAC	E OF DEA	OTH	ck only one)							
1 TYES 2 AO			Inpatient 2	ER/Outp	etlent 3	□ DOA		ursing Hom	5 🗆 Re	aldenca	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH			28a. DATE OF (Month, Da			28b. TIM	E OF	28c. INJ	JRY AT		28d. DES	CRIBE HOW I	JURY OC	CURED	
	Pending Investigation	00	(month, De	ay, roar,		ING	M	-	ES 2	NO					1
2 Culates —			28e. PLACE OF	FINJURY	— At hor	ne, ferm, :	street, fo	actory, office			28f. LOC	ATION (Street e	nd Number	or Rural I	Route Number
_ 。_	Could not determined		building,	etc. (Spec	:ify)			-			City	or Town, State)			
29a. CERTIFIER															
(Check only			: To the beat of												
2 MEDI	ICAL EXAM	HNER: O	n the beale of ex	amination	end/or in	nvestigatio	on, in m	y opinion, d	eath occur	red at the	time, date	and place, end	d due to th	ne ceuse(e	e) end menner ee stated.
296. SIGNATURE AND TITLE	OF CENTI	FIEN (1	11	11			(29c. LICE	ENSE NUM	ABER		29d. DAT	E SIGNED	(Month, Qay, Year)
m	e	_	14	K	60	2			D	25	576	6	•	91	6/94
30. NAME AND ADDRESS OF	F PERSON	w но со	MPLETED CAUS	E OF DE	ATH (ITEM	27) (Type,	Print)				,			- /	
7100 BACTION	nalis	B	VEH	57€	4	Rol	15	GE	PK.	m	1.1).	207	40	2	
31. DATE FILED (Month, Day,	Year)		32, REGISTRAI				_								
SEP	0 0 1	1994				- Pan	dell	•							
265	V O		100		- 4-545-9	. 1									

(Z	d	
1	4	-	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit; permit. Presented with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notitled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

											91	1 2	8101
	1 - FOR STATE REGISTRAR		STATE OF N			TMENT				MENTAL HYGIEI			
	1. DECEDENT'S NAME (First	, Middle, Lest)	GARA							2. DATE OF DEATH	25	YEAR 944	3. TIME OF DEATH 0518 AM
	4. SOCIAL SECURITY NUMBER 233-34-9503	BER	5. SEX 1 X M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	# UNDER		7. DATE OF BIRTH (Month, Day, Year) October 6, 1	923	Country)	Virginia
ЭВ	90. FACILITY NAME (# not in Washington	eet and number)		9ь. сіту Та	koma	n Location Par	ON OF DE		9c. COU	INTY OF DE	ATH		
FUNERAL DIRECTOR	RESIDENCE OF DEC	es		ry, rown o		ION			10d. INSIDE CITY				
AL DI	Maryland 100. STREET AND NUMBER				ZIP CODI				IZEN OF WI	1 X YES 2 NO			
JNER	9422 Washir	T EVER IN U.S. AR	MED	13	WAS OFC	2070		IIC ORIGIN? (Specify Y		S.A.	- American Indian		
ВУ	1 Never Married 2 2 3 Wildowed 4 Dive	Navv		If yes, spe		n, Maxica	n, Puerto Rican, atc.)		Specify	— American Indian, Whita, atc. V:			
COMPLETED		EOENT'S EDUC ly highest grade 0-12)	ATION	16a. DE	CEDENT'S live kind of Do NOT u		during mo	st of workin		16b, KIND OF B			· mouth
OMP	12 17. FATHER'S NAME (First, M	liddle, Last)			ВО	dy Sl	nob 1			ME (First, Middle, Maide		er Pi	.ymouth
BE C	Charles A		aray					.Be	erth	a Marie H	arman		
70	William A.	Garay	Jr.	19	256	Lake	For	est !	or Ryral F	Pours Number, City or To e, Davids	onvil	le, M	1D 21035
	20a, METHOD OF DISPOSIT 1 Burlal 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Ramo	wal from Stata	20b. PLACE cemetery, cre	matory or o	of DISPOS other place)			v			City or Tow	
	21. SIGNATURE OF TUNERA	L SERVICE LIC	Me	In		22. Re	endo:	n/Ha	es of faction		eral	Home	20706
	23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition												
	resulting in death) a. Due to (or As a consequence of): District to the state of												
TION	Sequentially list condit if any, leading to imme	diata	DUE	(OR AS A CONSEC	OVENCE O)F):	00	7	00	1		40 20	Gen-
ERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS	Jry S	DOE TO	(OR AS A CONSE	OUENCE C	OF):	H	re		7			
ᄓ	PART II. Other algorifica	ant condition	s contributing to	death but not a	rasulting	In the ur	nderiying	g cause (given in		N AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL										1 _ YES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ													1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:			8 Other (Specify)			
BY PHY		Pending Investigation	28a. DATE OF (Month, D		28b. TH	JURY M		URY AT] NO	28d. OEŞCRIBE HOW	INJURY OC	CUREO	
	2 Accident 3 Suicide 8 4 Homicide	Could not be datarmined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	ome, farm,	atreet, fac	tory, office	•		281. LOCATION (Stree City or Town, State	t end Numbe e)	r or Rural Ro	oute Number,
COMPLETE	and.									to the cause(a) and m time, date and piece,			and manner as stated.
BE CO	29b. SIGNATURE AND TITLE			25/2)					ENSE NUR				(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WH	COMPLETED CAU	SE OF DEATH (ITE	M 27) (7vn	e Print)		1) /	00	30		1/6/	44

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

SFP 0 8 1994

32. REGISTBAR'S SIGNATURE

Guna Law doon-Randall



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		SIAIL OF I	VIAN I LAND	CERTIF	ICATE	OF D	EAT	H	MENIA	REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF OEATN	DAY	YEAR	3. TIME OF OE	ATN
HELEN THE		GRADY								09 01			2005	рм
4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs.	last birthday)	MONTHS D		IF UNDER	24 HRS.		OF BIRTH		8. BIRTN Count	NPLACE (State or	Foreign
578-36-8669		1 □ M 2 🂢 F	80	YRS.			Johns		July	y 25,	1914	1914 Washington,		
9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY, TO	OWN OR	LOCATIO	N OF DE	EATN		9c. COL	JNTY OF D	EATN	
CALVERT M	EMORI	AL HOSE	PITAL		PRIN	CE	FRE	DER	RICK		CA	LVER	T	
RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y, TOWN OR L	OCATION	N	_			10d. INSIDE CITY			
Maryland	Calve:	rt			th Bea		A.						LIMITS?	
10e. STREET AND NUMBER				1101	CII DCC	_	IP CODE				1 ☐ YES 2 🎇 NO			
3716 Fifth		20	714					U.S.A.						
11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECEN	DENT OF	F HISPAN	NIC ORIGIN	N? (Specify Y		14. RACI	E — American Inc	ilen.
1 Never Merried 2 Merried FORCES? 1 YES 2 XNO If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES If yes, specify: Specify: Specify:											e			
15. DECI (Specify only	EDENT'S EDUC	CATION completed)	16a.	DECEDENT'S	USUAL OCCU	PATION	of working	,	16b	. KIND OF BI	JSINESS/IN	DUSTRY		
Elementary/Secondary (0-		College (1-4 or 5	+)		work done durir se retired.)	ng most c	or working	,						
12			Вс	okkee	per				R	etail				
17. FATHER'S NAME (First, Mi										Middle, Maide				
James McDer						_				ya Wh				
Gail Agnolu					and ADDRESS (SI								5	
20a, METNOD OF DISPOSITION 1 A Burlet 2 Cremation	ON			CEANDDATE	OF DISPOSITIO				DAT		OCATION -			-
4 Donetion 5 Other		OVBI from State	MD S	tate \	other place) Vetera:	n's	Cem	etei	ry 9,	16/94	Che	ltenh	nam, MD	
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1	4	22. NA	ME AND	ADDRES	S OF FA	CILITY					
> H la	Ma	0	1200	1									me, P.A	
23. PART i, Enter the di	seeses, or c	omplications the	t ceused the	deeth. Do	not enter the	e mode	of dylr	ng, suc	h es cen	diec or ree	partery a	VIII	e, MD 2	_
ehock, or he IMMEDIATE CAUSE (Fin	eert fellure.	Liet only one ceu	ise on eech i	ine.									intervel i	
disease or condition resulting in death)		Rock	می مام س	Eal	100								0.1001.01	
resulting in death)	,	Resp.	(OR AS A CON	SEQUENCE O	F):			_					Dec	17
0		DUE TO	065	huchu	e Puln	LONO+	1	lisea	OH				Yeu	5
Sequentielly list condition if any, leeding to immediate	HOLE .	DUE TO	(OR AS A CON	SEOUENCE O	F):									
Cause. Enter UNDERLYII CAUSE (Disease or injur														
that initieted events requiting in death) LAST		DUE 10	(OR AS A CON	SEOUENCE O	F):									
		d												
PART ii. Other eignificar	nt condition	e contributing to	death but no	t resulting	In the under	riying c	euse gl	ven in	Pert I.	24a, WAS A		24b	. WERE AUTOPSY	
										PERFO	RMED?		AVAILABLE PRIOR COMPLETION OF	CAUSE
									_		110		DF DEATN?	NO
DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF DI	EATH Y	ES NO		UNCE	RTAI	\overline{v}					
25. WAS CASE REFERRED TO EXAMINER?					TH (Check only									
1 TYES 2 NO		HOSPITAL:	ER/Outpetient	3 DOA	OTHER: 4 Nursing	Home :	5 🗆 Res	idence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATN		26e. DATE OF (Month, D		26b. TIM		c. INJURY	Y AT			CRIBE HOW	INJURY OC	CURED		
	Pending nvestigation	(10000)	uy, 10u1)	"		YES		NO						
3 Suicide 6 C	Could not be	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, ferm,	atreet, fectory,	office				ATION (Street or Town, State		r or Rural F	Route Number,	
29e. CERTIFIER														
(Check only		CIAN: To the best of R: On the beele of e											e) end menner ee	stated.
29b. SIGNATURE AND TITLE						_	9c. LICEN					-	(Month, Day, Year	
home	the	~ ms				1		389				-	im be - 1.	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (I	TEM 27) (Type	, Print)		,	J-7 0 1				عرب ر		-117
MICHAEL P	. DIP	RE, M.D	. PRI	NCE I		RIC	К,	MD	206	78				
31. DATE FILED (Month, Day,)	7 190	0	ia Jayas		tall									

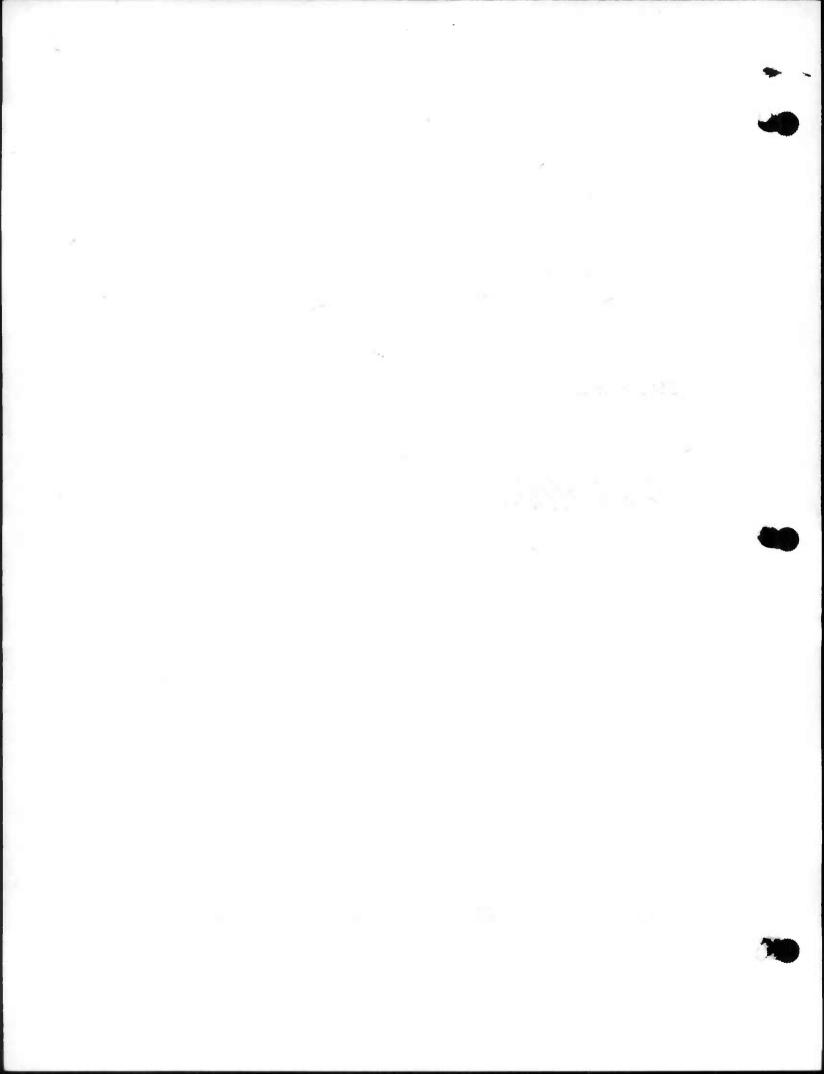


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic iMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

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	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /			OF H			MENTAI	L HYGIENI REG. NO.	Ē			
	1. DECEDENT'S NAME (First, Middle, Last)	05041.0			_				2. DATE MONTH	OF DEATH	Y	YEAR :	3. TIME OF OEAT	н
		GERALD	J. 0	SIBB	0				^	TEMBE		"94	1500	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Month	OF BIRTH	1	Country)	LACE (State or For	reign
	114-22-8752	1 M 2 🗆 F	75	YRS.	WONTHS	LATS	HOUNS	ment.	3-	2-19		NE	w York	
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF OE	HTA		9c. COUN	TY OF DE	ATH	
OR	19 PINEHURST RI).			l Be	ERLI	N				Wor	CES'	TER	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40. 00	v zoumi	OR LOCATI	1011						10d. INSIDE CITY	
E I	MD. WOR	CESTER		_	RLII		ION						LIMITS?	
	10e, STREET AND NUMBER						ZIP CODI	F			the CITIZ			NO
19 PINEHURST RD. RESIDENCE OF DECEDENT 106. STATE 106. STREET AND NUMBER 19 PINEHURST RD. BERLIN 106. CITY, TOWN OR LOCATION BERLIN 107. ZIP CODE 21811 109. CITIZEN OF WHAT COUNT USA 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Marifed 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. YES 2 NO 14. RACE — American 15 yes, specify Culben, Mexicon, Puerto Rican, etc.)										IA, 000HTH71				
ᄬ	11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13				IIC OBIGIN	I? (Specify Yea			— American Indie	
	1 Never Married 2 Merried					If yes, spe	cify Cube	n, Mexice	n, Puerto !	Rican, etc.)		Black,	White, etc.	,
À	3 Widowed 4 Divorced	IF TES, GIVE W	AR OR DATES	√ II		1 YES	2 NO	Specify	<i>7</i> .			Specify	WHIT	Е
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL C	CCUPATIO	N		16b	. KIND OF BUS	INESS/INDU	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 -	iife.	Do NOT u	se retired.)				1		NO 1	DMT		T . O .
I de		$1\frac{1}{2}$	PER	RSON	NEL	0ff	ICE	R	V	ETERA	NS A	ווויים	NISTRA	1101
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	C					18. MOT			Middle, Maiden				
BE (WILFRED	GIPR	0					L	ILLI	an Du	MAS			
0	t9e. INFORMANT'S NAME (Type/Print)		198							ber, City or Town	n, State, Zip	Code)		
-	Marjorie J. Kei	< M		For		ORTH		EXAS	<u> </u>					
	20a, METHOO OF DISPOSITION 192 Burlel 2 Cremation 3 Remains Donation 5 Other (Specify)	oval from State	20b. PLACE	OF DISPO	SITION (N	ame of cen					CATION — C		16	
			MD.	VET	ERA	NS C	EME			HU	RLOC	: K ,	ID.	
	21. SIGNATUBE OF BONERAL SERVICE LIC	1////				NAME AN							44	
		alle				ULLR	ICH	FUI	NERA	L Hom	E R	SERL	IN, MD	•
	23. PART I. Enter the diseases, or of shock, or heart failure.				not ente	r the mo	da of dy	ing, auc	h aa can	diac or respi	ratory arre	est,	Approxima	
	IMMEDIATE CAUSE (Final	List only one cau	ise on each line										Onset and	
Н	disease or condition resulting in death)	Colon	Va	W	cer	-								
	,	OUE TO	(OR AS A CONSEC	QUENCE C	F):									
Z	Sequentially list conditions,	b												
ERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEC	QUENCE C	NF):									
일	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEC	OUENCE C	ME)·									
	that initiated events resulting in death) LAST		(31.713.713.313.313.313.313.313.313.313.3		. ,.									
핑		d												
A P	PART II. Other significant condition	a contributing to	death but not r	resuiting	in the u	nderlying	cause	given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FI	
EDICAL										1 YES 2	□-MO		COMPLETION OF C OF DEATH?	CAUSE
핗													1 YES 2	NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	DEATH (Ch	eck only o	ne)				
1 25 1	1 VES 20 NO		ER/Outpatient 3	□ DOA	4 Nu		5 2 A	esidence	8 🗆 Othe	er (Specify)				
PHY	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 28c. INJURY AT WORK?													
B	2 Accident Investigation													
8	3 Suicide 8 Could not be 28. Could not be 28. Could not be building, stc, (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)													
<u> </u>														
릴	(Chock Only	CIAN: To the best of												
COMPL	2 MEDICAL EXAMINE	0	examination end/or	investigat	ion, in my	opinion, d	esth occu	red at the	time, date	and plece, er	d due to the	e cause(e)	end menner ee s	stated.
BE (296. SIGNATURE AND TITLE OF GERTIFIE						29c. 410	ENSE NU	MBER		29d. OATE	SIGNED	(Month, Day, Year)	
0	VVQ	mouran					1	ماللا ر	45		1	116	174	
. — 1	20 NAME AND ADDRESS OF DEDSON WIL	O EVALUATE ETER CALL		M 27 /5-									47.	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE OF	DEAT	Н	AEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				-	*	2.	DATE OF DEATH		3	3. TIME OF DEATH	
	EARNEST	S	GARE	RISON			\$E	PTEMBER "	9.19	94	11:40 A	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 2	$\overline{}$	DATE OF BIRTH			LACE (State or Foreign	- ""
	231-03-3472	1 ½ M 2 □ F			NTHS DAYS	HOURS	MIN.	(Month, Day, Year) arch 7, 1	016	Country)		n
			78						916	Virg	inia	
	9a. FACILITY NAME (if not institution, give s	treet and number)		98	CITY, TOWN	OR LOCATION	N OF DEATH	1	9c. COUN	TY OF DEA	ТН	
6	MONTGOMERY GENER	RAL HOSPI	\mathtt{TAL}		OLNE	Y			M	ONTGO	OMERY	
DIRECTOR	RESIDENCE OF DECEDENT											
뿐	10e. STATE 10b. COUNTY				OWN OR LOCA	TION				1	Od. INSIDE CITY	
	Maryland Mon	tgomery	omery Olney									
AL	10e. STREET AND NUMBER		101. ZIP CODE 10g. CITIZEN C									
FUNERAL	4715 Bready Road						2083	2	Unit	ed S	tates	
3	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF		ORIGIN? (Specify Yea				
	1 Never Married 2 Married	FORCES? 1	YES 2 N		If yes, sp	ecify Cuben,	Maxican, P	uerto Rican, etc.)	0. 110-		- American Indian, White, etc.	
ΒY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1 U YES	2 💢 NO	Specify:			Specify:	White	
	15, DECEDENT'S EDUC	CATION	18e. DEC	CEDENT'S USI	JAL OCCUPATI	ON		18b. KIND OF BUS	INESS/INDI	ISTOV		
E	(Specify only highest grade		(Giv	ve kind of work Do NOT use re	done during mi tired.)	ost of working		IOD. KIND OF BOS	INESS/INDC	Joint		
7	Elementary/Secondary (0-12) 4	College (1-4 or 5 +	,		keepei			701	7 1			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 0	<u> </u>	rounds	Keepei	1		Physic)		
								(First, Middle, Maiden				
BE	Samuel Garrison					Mary	Jane	e Gar	risor	1		
2	19a. INFORMANT'S NAME (Type/Print)						or Rural Rout	Number, City or Town	, State, Zip	Code)		
-	Rosemarie Kennedy		S	ame as	#10e.							
	20a. METHOD OF DISPOSITION 1 ◯ Buriel 2 □ Cremation 3 □ Rame	ovel from State			ISPOSITION (N	ame of		DATE 20c. LO	CATION — C	Ify or Town	n, State	
	4 Donation 5 Other (Specify)	Over Hom State	Park	lawn C	emeter	У	1	9/22 Roc	kvill	e.Ma	rvland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)	0	0	22. NAME A	ND ADDRESS	S OF FACIL	TY				
	Danie :	1 1	18.1	// · · · /	4			er Funer			20882	
-	1 puru	1 1	Jari	w	2152	5 Lay	tons	ville Rd,	Layt	onsv	ille, Md	
	23. PART I. Entar the dieaeses, pro ehock, or heert fellure.	Elst only one ceu	se on eech line.	ith. Do not	enter the mo	de of dyin	g, such a	s cardlec or reepi	ratory erre	est,	Approximate Interval Between	een
	IMMEDIATE CAUSE (Finel										Onset and De	
	disease or condition resulting in death)	a. a CMHE TO	intra	Cevel	ral	Nemi	ovrh	age			Dan	
								1-1				
Ζ	Sequentially list conditions,	L CCYC DY	OVUSIN	lav	disea	se					10MR	
CERTIFICATION	il ally, leading to illimediate	DUE TO	OR AS A CONSEO	UENCE OF):							,	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с,										
	that initiated evente	DUE TO	OR AS A CONSEO	UENCE OF):								
E	resulting in death) LAST	d										
	DART II Oshan dariff and an annual										1	
DICAL	PART II. Other significent condition		deeth but not re	eaulting in t	he underlyin	g ceuee gi	ven in Par	t i. 24a. WAS AN. PERFOR			VERE AUTOPSY FINDIN WAILABLE PRIOR TO	IGS
8	Diabetes Me	Thitus						1 - YES 2	₩ NO		OMPLETION DF CAUS OF DEATH?	E
											YES 2 NO	
-								·				
¥	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DE	ATH (Check	only one)				-
PHYSICIAN: ME	EXAMINER? 1 Tes 2 1 NO	HOSPITAL:	ED/Outpetlant 3		THER:							
¥	27. MANNER OF DEATH	28a. DATE OF		28b. TIME O		URY AT		Other (Specify)	I II III OCCI	IBED		\dashv
<u>-</u>	1 Natural 5 Pending	(Month, Di		INJURY	W	YES 2		d. DESCRIBE HOW IF	SON! OCC	DHED		
B	2 Accident investigation	200 BLACE O	T IN ILLIEN									_
	3 Suicide 8 Could not be 4 Homicide determined	building,	FINJURY — At horate. (Specify)	ne, farm, stree	t, fectory, offic	•	28	 LOCATION (Street a City or Town, State) 	nd Number o	or Rural Rou	ute Number,	- 1
E	To not the second							_				
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowladga, das	th occurred a	t fhe fime, date	and place, a	and due to t	ha cause(s) and man	ner sa state	d,		\neg
COMPLETED	one) 2 MEDICAL EXAMINE										and manner se stated	a.
ರ ∥				1525								
	29b. SIGNATURE AND TITLE OF CERTIFIES					ZYC. LICEN	ISE NUMBE	r I	29d. DATE	SIGNED (A	Aonth, Day, Year)	- 1
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					77-	7 10 -1	4	N /7	10	0.11	- 1
BE	Umi m. Ham	m M	0			D 73	3124		▶ 9.	19~	94	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM			D 73	3124	34 0:0	▶ 9.	19~	94	\dashv
BE	Umi m. Ham	O COMPLETED CAUS	SIII PRIO			D 73	3124 OW	M MO	▶ 9.	19~	94	v

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SEP 23 1994

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3ALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending ph
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burity and standard the companient of some often death with the State Dark of Health and Marial Hurlane prior to huris, removed	The most within 12 flows and season and the court court and most injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIE							
	1. DECEDENT'S NAME (First, Middle, Last)	orimes, Sen		are or	DEATH	2. DATE OF DEATH	DAY	YEAR 5. TIM	TE OF DEATH				
	220-14-2544	8. AGE (In yrs. to	YRS. HON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	25	8. BIRTHPLACE Country)	(State or Foreign				
TOR	96. FACILITY NAME (If not inelitation, give street and number) Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Baltmore RESIDENCE OF DECEDENT												
DIRECTOR	100. STATE 100. COUNTY MARYLAND CAR	ROLL		WN OR LOCA	NSTER	2		L	NSIDE CITY LIMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 3059 STANLE				2//.			TEN OF WHAT C	A				
B	1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WORLD WAR	IRMED NO	If yes, ap		NIC ORIGIN? (Specify \ in, Puerto Rican, atc.) y:	as or No	14. RACE — Am Black, White CAUC	nericen Indien, a, etc.				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary Secondary (0-12)	mpleted) (Give kind of work of Do NOT use reti	ione during mo	ON ost of working	166. KIND OF B	USINESS/INDI						
BE COM													
TO E	19a. INFORMANT'S NAME (Type/Print) MARY B. GRIME	55	55957	ANLE,	DRIVE	Route Number, City or To	INSTE	ER, M					
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	cemetery, c	ematory or other p	45 L	ENETERY ND ADDRESS OF FA	19/16 TAI	VEYTOU	UN, MD	10 21787 RESTREE				
a cyan	. f. Kevin	Ludy		SKIL	ESFUNE		ETAN	IEY70W					
	iMMEDIATE CAUSE (Final disease or condition	will caused the data on a sech lin	leath. Do not a	nter tha mo	SUCTOR	th as cardiac or res	piratory arre		Approximate Interval Between Onset and Death				
N CARE	resulting in death) e	DUE TO OR AS A CONS	Cance	y C	24.51CA	11 1001	W.C.		12ars				
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSI											
CERT	resulting in death) LAST												
MEDICAL	PART ii. Other significent conditions of	contributing to death but not	reauiting in th	e underlyln	g ceuse given in	Part i. 24a. WAS / PERF	ORMED?	AVAIL/ COMPI DF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE EATH? YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
1 YES 2 MANNER OF DEATH 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Pending Pending													
ETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined	28e. PLACE OF INJURY — At the building, etc. (Specify)				28f. LOCATION (Stree City or Town, Sta	(e)		umber,				
COMPL	(Check only 1 CERTIFYING PHYSICIA one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge, on the basis of exemination end/o							nenner es atated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												

30. NAME AND ADDRESS OF PERSON WILL COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MENCY Macal Carter

31. DATE FILED (Month, Day, Year)

SEP 1 4 1994 June Parkers SIGNATURE

É (7	12.3
Ė.	-	-	营
-			permit.
	020	physician.	for use as the burial-transit p
	2-0	ding	s the
	121	or attending	use a
	D 21215-0020	spital o	ned for

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detachen, or removal.	event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last) MARY ALICE	GOTSIS				2. DATE OF DEAT		YEAR 94	3. TIME OF DEATH 8:37 a M	
	4. SOCIAL SECURITY NUMBER 577–26–5122	1 🗆 M 2 💢 F	yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 10-23-1	924	a. BIRTH Country Wash	PLACE (State or Foreign	
TOR	9s. FACILITY NAME (If not institution, give street and number) Calvert County Nursing Center Prince Frederick, MD Calvert Residence of Decement									
DIRECTOR	10e. STATE 10b. COUNT	Calvert		r, town on Loc esapeak	e Beach				10d, INSIDE CITY LIMITS? 1 YES 2 NO	
RAL	100. BTREET AND NUMBER 6424 2nd Street	N			10f. ZIP CODE	732		ZEN OF W	HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	14. RACE	,—American Indian, , White, atc. y: White						
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	CORTION o completed) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during a e retired.)	TION most of working	16b. KIND OF	BUSINESS/IND	USTRY	WIITCE	
	17. FATNER'S NAME (First, Middle, Last)	1				AME (First, Middle, Ma			FM FFM	
H	William P. McC	onnell	19b. MAIL/NO	ADDRESS (Street	Ethel	B. Barr		Codel		
2	Mary V. Day				ng Gate I				21228	
	20s. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State I came	PLACE AND DATE OF tery, cremetory or of Shington	her place!	Neme of nal Cemet	1	-94 Sui			
	21. SIGNATURE OF FUNERAL SERVICE LI									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	na contributing to death bu	it not resulting I	n the underly	ing cause given in	PER	S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	neck only one)				
KSI	1 TYES 2 NO	1 - Inpatient 2 - ER/Outpa			ome 5 - Residence					
	1 Natural 5 Pending	Accident Investigation Suicide 8 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office building etc. (Specify)								
TED BY	3 Suicide 8 Could not be									
COMPLETED	onel /_	ICIAN: To the best of my knowle							and menner as stated,	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU		29d. DATE	SIGNED	(Month, Day, Year)	
TO B	1 ml	M.			D3758	88.	19	-12	-94	
	30. NAME AND ADDRESS OF PERSON WITH 135 W. Daves &	each Rd - Price	c hederic	end2	20639 -	Dr. R	Afik,	NASF	2	
	SEP 1 3 19	94 Avant	TURE Cardall		23 1					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

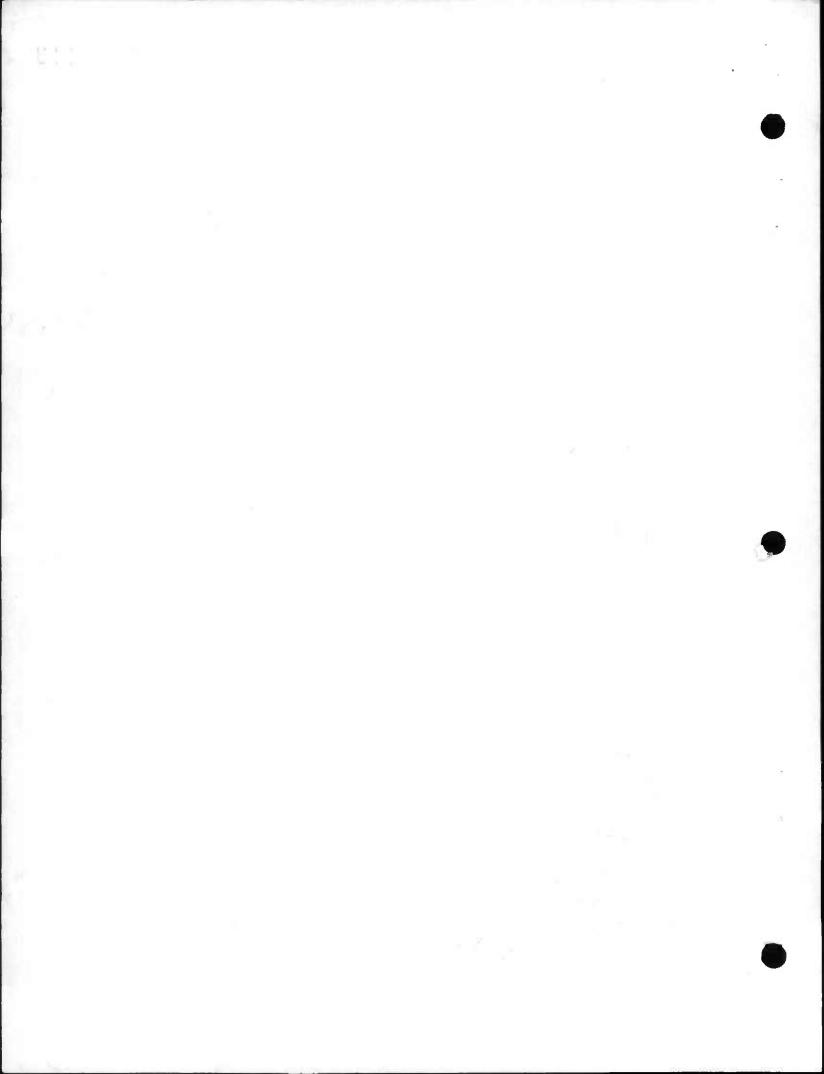
FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	FIFICA	TE OF	DEATH	R	EG. NO.			
9	1. DECEDENT'S NAME (First, Middle, Last) MARY A. GALL						2. DATE OF I	DAY	,19	gean	3. TIME OF DEATH 2:30 A M
3	4. SOCIAL SECURITY NUMBER 214-72-5349	1 DM 2 XF 8	AGE (In yrs. lest birtl	RS. MONT	HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De OCt. 6	иятн у. Маг) 5, 191	3	Countr	PLACE (State or Foreign y) Yland
TOR	9a. FACILITY NAME (If not institution, give Long View Nursi					nester			9c. COUN	TY OF D	
Long View Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY PA York 10c. CITY, TOWN OR LOCATION Stewartstown 10c. CITY, TOWN OR LOCATION STEWART											10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER RD #3, Box 1	10	17361		3		EN OF V	YHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 ZNO		If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 X NO Specify	n, Puerto Ricar	pecify Yes or i, etc.)	No—	14. RACE Black Speci	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		ent's usua nd of work of NOT use retin	one during mo ed.)	ON st of working	18b. KIN	of Busin			
COM	17. FATHER'S NAME (First, Middle, Last) Edgar A. Davi	s				18. MOTHER'S NA					
TO BE	19a. INFORMANT'S NAME (Type/Print) Mervin E. Gal	1	19b. MA R.1	ILING ADD	BC (Street a	and Number or Rural F	Route Number, C	Warts	State, Zip (Code)	PA 17361
	20a. METHOD OF DISPOSITION 1	noval from State				ktowne stition Ser					
	21. SIGNATURE OF YUNERAL SERVICE U	ertensi	con		22. NAME A	D ADDRESS OF FA	CILITY				Inc. a 17349
	23. PART Lenter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	on aach iina.	Do not er	itar the mo	de of dying, such	h as cardiac	or respirat	tory arre	eat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с,	DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF):								
EDICAL	PART II. Other significant condition	ns contributing to de	ath but not resul	ting in the	undariyin	g cause given in		WAS AN AU PERFORME YES 2	ED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2/Outpetlent 3 [] D	OTI	IER:	ACE OF DEATH (Che					
2 Accident Investigation M 1 YES 2 NO											
									oute Number,		
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINE	ICIAN: To the beat of my	knowledge, death o	ccurred at t	ne time, date	and place, and due	to the cause(a)	and manne	r as state	d.	and manner se stated
띪	290. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUN	IBER			-	(Month Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	A A		1074	,	ST	د ر و	2 S	to	Hermo
	31. DSEP 203. 7994	32. REGISTRARS									



DHMH-16 Rev t/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN				CERTIF	ICALE	71-	DEATH		reg. No.			
	1. OECEOENT'S NAME (First,		_	1	11				2. DATE OF MONTH	OEATH DA	NA .	YEAR	3. TIME OF DEATH
		obert	Fer	rel	HAH	IM			Sup	7	1	994	6 p M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	ev. Year)		8. BIRTHP Country)	LACE (State or Foreign
	214-90-98		1 🔀 M 2 🗌 F	18 YRS. 06						-197	6		MD
~	9a. FACILITY NAME (If not in					9b. CITY, TO		R LOCATION OF DE			9c. COU	NTY OF DE	
рінестоя	Harford N		al Hospit	al		Havre de Grace Harfor						ford	
EC.	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	OCATI	ON		-		T	10d. INSIDE CITY
浩	MD]	Harford			Ha	avı	re de Gi	race				LIMITS?
A.	10e. STREET AND NUMBER						101.	ZIP CODE			10g. CIT		AT COUNTRY?
FUNERAL	725 Ear	lton R	oad					21078	3			1	USA
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1					NOENT OF HISPAN			or No-		- American Indian, White, atc.
BY	1 Never Married 2 3 Widowed 4 Divo	CILV-V C	IF YES, GIVE V					2 NO Specify		ri, erticij		Specify	
		EDENT'S EDUC	CATION	160	DECEDENT:	USUAL OCCUP	DATIO		404 1/10	10 of 011			White
E	(Specify onli Elementary/Secondary (0	y highest grade	completed)		(Give kind of a	work done during	g mos	t of working	160. KII	ND OF BUS	SINE 35/INI	DOSTRY	
P	11	-12)	College (1-4 or 5	''		Stude	ent						
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTNER'S NAI	ME (First, Midd	le, Meiden	Sumame)		
BE C	Rodr	iey Fr	ed Hamm	1					Jean	Ever	ett		
TO B	19a. INFORMANT'S NAME (7							nd Number or Rural F					
F	M/M Rodney	F. H	amm		725 E	arlton	R	oad, Ha	vre d	e Gr	ace,	MD :	21078
	20e. METNOD OF DISPOSIT 1 M Burtal 2 □ Crematic	n 3 🗆 Ramo	oval from State	20b. PLA	CE AND DATE O	OF DISPOSITION	N (Nar	ne of	DATE	20c. LO	CATION —	City or Tow	n, Stata
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		PHOFF	Har	ford N			Gardens		Abe	erdee	en, M	laryland
l	21. SIGNATURE OF FUNERA	C SENVICE LIC	C C					address of face		ral	Home	ър	Α
	200	Din-	X. X.			Hav	/re	de Gra	ce, I	ИD	2107	8-319	7
	23. PART i. Enter the di ahock, or hi	isesses, Dr c	complications the	t ceused the	death. Do r	not enter the	mod	le of dying, auch	h aa cardiac	or respi	ratory ar	rast,	Approximata interval Between
	IMMEDIATE CAUSE (Fir		0										Onset and Daeth
	disease or condition reaulting in death)	→	. 11	lun	oria	,							queday
			DUE TO	(OR AS A CON	SEOUENCE OF	4.5	_	1 1	- 1				
O	Sequentially list conditi		DUE TO	COR AS A CON	tue	He	au	+ +	alle	ul	-		4 money
AT	If any, laeding to Imma- cause. Entar UNDERLY		Co	UA.			11,-	7.					10 worth
CERTIFICATION	CAUSE (Disease or inju that initiated events	η ,	DUE TO	(OR AS A CON	SEQUENCE OF	F):		3	_	lan			
FH	resulting in deeth) LAS	т (. D	uche.	ne	Mu	20	ular	Dy	slu	ph	y.	
- 11	PART II. Other significa	nt condition	s contributing to	death but no	of resulting	in the under	lulna	cause sheep in	Part i	. WAS AN	AUTOBOY	U _m	WERE AUTOPSY FINDINGS
EDICAL					or recuiting	in the divers	, , mg	cause given in	,	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
	-								— [1)	YES 2	□ NO		OF DEATN?
Σ	DID TOBACCO	O USE C	ONTRIBUTE	TO CA	USE OF	DEATH	YE	S I NO	IXI				YYES 2 NO
NA I	25. WAS CASE REFERRED TO							ACE OF DEATN (Che	ack only one)				
PHYSICIAN: M	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home	5 🗆 Rasidenca	8 Other (Se	pecify)			
ᅔᆘ	27. MANNER OF DEATN		28a. DATE OF (Month, D	INJURY ev. Veerl	28b. TIM		. INJU	JRY AT	28d. DESCRI		NJURY OC	CURED	
BY		Pending Investigation	N/A		NA		WOF	ES 2 NO		NA			
	3 Suicide 8	Could not be	28a. PLACE O building,	F INJURY — At atc. (Specify)			offica		281. LOCATIO	ON (Street e		0 4	ute Number,
COMPLETED	4 Nomicide	determined			N/A				Ony or n	Jim, Otato,	N	/A-	
7	29e. CERTIFIER (Check only	IFYING PNYSH	CIAN: To the beat of	my knowledge	, death occurre	ed at the time,	date	and place, and due	to the cause(a) and man	mer ee ata	ted.	
OM	one) 2 MED	CAL EXAMINE	R: On the beele of a	camination and	or Investigation	n, In my opinio	on, de	ath occured at the	time, date and	l pieca, an	d due to ti	he cause(a)	and manner as stated.
BEC	29b. SIGNATURE AND TITLE	OF CERTIFIER	1		_		T	29c. LICENSE NUN	MBER		29d. DAT	E SIGNED (Month, Day, Year)
	MRanto	si.	Alterro	ma	Phys	sician	1	D1964	-6.		D 0	1.6.	94
임	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DESTN	ITEM 27) (1/pe,	Print)					_		
į.	J. 1543	TOGJ	L MD.	419	3 5.	UNIO	N	AVE.	Hav	re de	e Gro	20 M	d 21078
1	31. OATE FILED (Month, Day,	Year)	32. REGISTRA	B'S SIGNATUR	Randa H.								
	DEAG	יככו וטו נ	T				_						
													DHMH-16 Rev 1/89

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SION OF VITAL RECORDS, P.O. BOX 68760,	The second second second

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL H
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF D

		1 - STATE OF MARYLA REGISTRAR		RTMENT OF H		MENTAL HYGIEN REG. NO	_						
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH					
	1	Newell Joseph Ham				Sept. 5		6:00 PM M					
	9		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)					
Pin		017 07 3245	YRS.			Feb. 28,		lassachusetts					
Se Se	œ	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DI	EATH	9c. COUNTY						
1	DIRECTOR	Doctors' Community Hospital		Lar	ham		Prin	ce George's					
7	REC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY					
(3)		Maryland Charles	Wa	1dorf				1 YES 2 KNO					
and the second	ERAL	10e. STREET AND NUMBER		10	. ZIP CODE			OF WHAT COUNTRY?					
cian. I-trans	FUNE	2416 Pinefield Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	20601	NIC ORIGIN? (Specify Ye		d States RACE – American Indian,					
DZO physician. burial-trar		1 Never Married A Married FORCES? 15 YES	2 NO	If yea, ap	ecify Cuban, Mexico	in, Puarto Rican, etc.)		Black, White, etc. Specify:					
ND Z1Z15-0020 hospital or attending physici ached for use as the burial-	ВУ	3 Widowed 4 Divorced			- Mary	No		White					
LZTZ	TED	(Specify only highest grade completed)		WORL OCCUPATION Work done during mo		16b. KIND OF BU	SINESS/INDUST	RY					
ed for C	PLE	Elementary/Secondary (0-12) College (1-4 or 5+)		type Ope	rator	Print	-inc						
the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	LIIIO	type ope		ME (First, Middle, Maiden							
at be	ш	Newell E. Ham			Elizab	eth T. Boy	7le						
retained by 5 should by notified a	TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		de)					
ay be re page 5	۴	Richard J. Ham	1190	1 Pleasa	nt Prosp	ect Rd. Mi	itchell	ville Md.20721					
		20e, METHOD OF DISPOSITION 1 № Burlal 2 □ Cremetion 3 □ Removal from State compet	PLACE AND DATE tery, crematory or o	OF DISPOSITION (Na other place)	_{ame of} 1 Park 9	10101	CATION — City						
age (direct		4 Donetion 5 Other (Specify) W 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	<u>oodlawn</u>		1 Park 9			Easton Md.					
BALL INOR Is after death. Page 6 m In by the funeral director, removal.		Rolingt & E.	\mathcal{D}_{α}			Funeral Ho	ome, P.	Α.					
BA Ifter dear the fur noval.	-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
24 hours afte filled in by th on, or remov		snock, or neart tallure. List only one cause on each	tha death. Do i ch lina.	not enter tha mo	da Di dying, suc	h aa cardiac or raap	iratory arrest,	intarvai Batween					
- ° - 0		IMMEDIATE CAUSE (Final disease or condition	Can					Onset and Death					
ed within 24 ompletely fille il, cremation, the event, the		reaulting in death) a. DUE TO (OR AS A C						4-6 month					
	Z	Sequentially list conditions. Drostate Cancer 6-											
e be execut sician and c rior to buri traumatic	CATIO	if any, laading to immediata cause. Entar UNDERLYING	CONSEQUENCE O	F):									
e e e	일	CAUSE (Disease or injury that initiated events	CONSEQUENCE O	El·									
death certificate attending physicental Hygiene pri	RTIF	resulting in death) LAST						į					
the death certification in the death certification in the attending of the mental Hygien injury, or oth	빙	a.											
र केंद्र म	SAL	PART II. Other significant conditions contributing to death but	t not reaulting	in tha underlyin	g cause givan in	Part I. 24a. WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
puires that signed by Health and Bws any	EDIC					1 🗆 YES 2	≥ No	COMPLETION OF CAUSE OF DEATH?					
w requires been sign or. of Heal	Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH VI] UNCERTAII	NI IS		1 TYES 2 NAMO					
has has Deg	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 2		TH (Check only one)	UNCERIAII	N G I							
	SIC	EXAMINER? 1 YES 2 NO 1 Pripatient 2 ER/Output	tlent 3 DOA	OTHER:	e 5 🗆 Residenca	8 Other (Specify)							
ATTENDING PHYSICIAN: ECTOR: After this certifica s after death with the St 28 Is marked, or it	PHY	27. MANNER OF DEATH 28a. DATE DF (NJURY (Month, Day, Year)	28b. TIN	E OF 28c. INJ		28d. DESCRIBE HOW	NJURY OCCUR	ED					
After this death with	À	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 ND								
TTENDII		3 Suicide 6 Could not be 4 Homicide determined	- At home, ferm,	street, factory, offic	•	281. LOCATION (Street City or Town, State)	end Number or Fi)	tural Route Number,					
HOSPITAL OR ATTENDING FUNERAL DIRECTOR: After within 72 hours after death	COMPLET	29a. CERTIFIER											
RAL D	MP	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basic of examination						ASS., 1871 1872 / 1873 1.1-197					
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	and/or intrastigation	on, in my opinion, o				100000000000000000000000000000000000000					
물 물을 등	B	Rientem Farlin M.D.			29c. LICENSE NUI		29d. DATE SIG	GNED (Month, Oay, Year)					
₽ ₽ ₽ 3	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	, Print)		3446	- 7	20716					
2)		ROINTAN FARAHI-FA	1R	4000 M	it chelle o	fille road	B216	Bowie MA					
-		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT	TURE Rand			٧_		20.0.0					
		SFP 0 9 1994 Julia Davi											

1 VA

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	(Z)
	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	1

IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

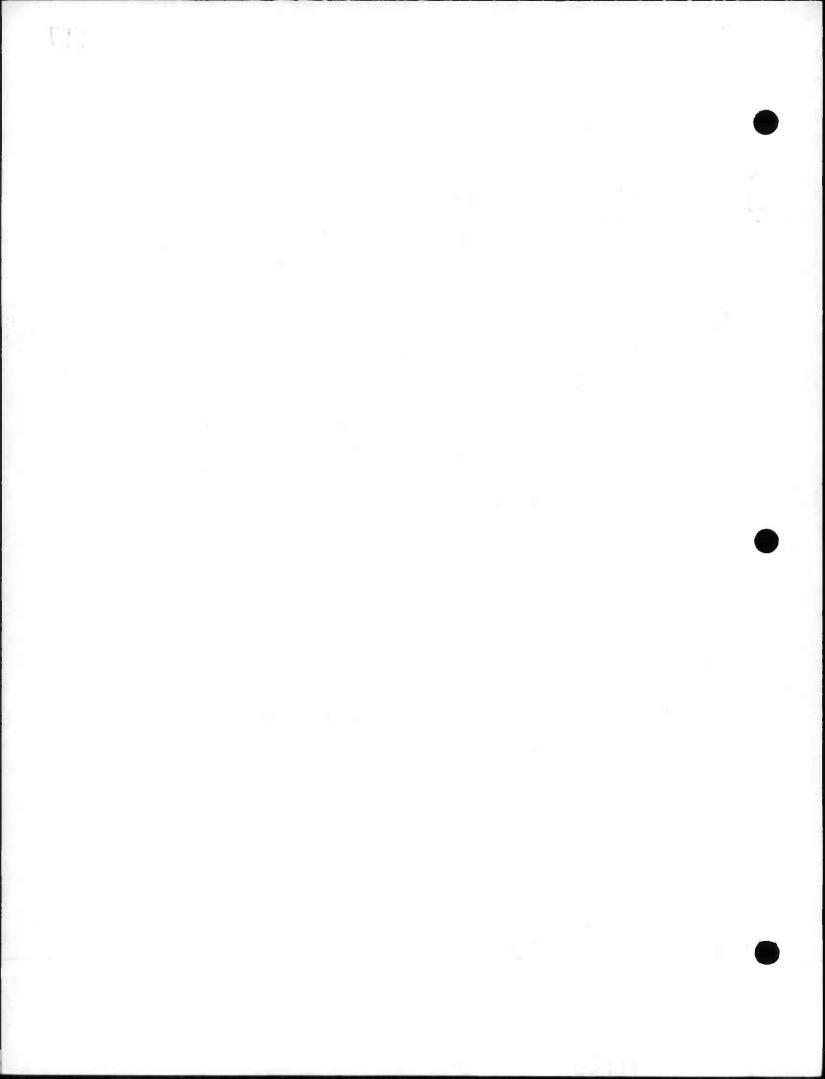
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	ITMENT OF I	HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Gu	4 Hend	lerson		2. DATE OF DEATH DAY	YEAR 9 V	3. TIME OF DEATH			
		1	yrs. lest birthdey) 81 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Month, Dey, Year) 10-29-12	Countr	st Virginia			
DIRECTOR	Carroll Manor Nur RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT		attsville			Georges 10d. INSIDE CITY			
	MD Prin	ce Georges	100.01	Hyattsv	.11e			LIMITS?			
FUNERAL	100. STREET AND NUMBER 4922 LaSalle R		10	20782		10g. CITIZEN OF V US					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		NIC ORIGIN? (Specify Yea or in, Puarto Rican, etc.) y:	No- 14. RACI Black Speci bla				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b, KIND OF BUSIN	ESS/INDUSTRY				
AP.	12th		Truck	Driver		DC Gover	nment				
OS	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden Su	mame)				
BE	UNKNOWN				UNKNO		- 14				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,					
	Calvin Hopewell					er Spring, M					
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov 1 Donation 8 Other (Specify)	al from State ceme	tery, cremetory or o	of disposition (N ther plece) National			TION — City or To $rel \ M$				
	21. SIGNATURE OF FUNERAL SERVICE LICE							ral Home Inc			
	> VPman	shall	2			4217	9th	Street, NW			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliurs. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Approximate Interval Between Onset and Death										
CERTIFICATION	Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	PUE TO (OR AS A DUE TO (OR AS A	notic	Carlin							
PHYSICIAN: MEDICAL	PART II. Other significant conditione	contributing to deeth bu	t not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN AU PERFORME 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
ä	2 elyp	in in									
SICI		HOSPITAL;	tlent 3 DOA	OTHER:	ACE OF DEATH (Ch	6 C Other (Specify)					
PHY	27. MANNER OF DEATH XX Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW INJU	URY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specifi	— At home, farm,		YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		AN: To the beat of my knowle On the beats of examination) and manner as stated.			
TO BE C	29c. LICENSE NUMBER 29d. ONTE HIGHER (Month Con Num)										
	30. NAME AND ADDRESS OF PERSON WHO	4/S/ 6/4	Odens.	Bung.	R1 0	ColMR 1	10NO2	MD 20122			
	SFP 0 8 199		4dson-Nan	dall		1	5	THE PER			

1	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
E	TIP HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	an.
日書	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	ransit permit
=	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	*****

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. N	Ο.			
	1. DECEDENT'S NAME (First, Middle, Lest)	1	10-			2. DATE OF DEATH MONTH	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH			
8	DENNIS -	J. 17	MZZA	RD		8 3	1 9	4 6.45PM		
	4. SOCIAL SECURITY NUMBER 5. SE			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
		M 2 □ F 3	/ YRS.			Oct, 2,	1956	Washington DC		
E I	9e. FACILITY NAME (If not institution, give street and	d number) Any/AND/			OR LOCATION OF DE	EATH		NOF BEATH		
5	RESIDENCE OF DECEDENT	THIND I	103F JI FF		()20)610		1 / / /	THE OLUMB		
믮	10a. STATE 10b. COUNTY		2.5	OWN OR LOC			_	10d. INSIDE CITY LIMITS?		
₽			W.	ashing	ton, D.C.			1 X YES 2 □ NO		
M	10e. STREET AND NUMBER			1	DI. ZIP CODE		1	ZEN OF WHAT COUNTRY?		
FUNERAL DIRECTOR	224 R St., N.W. #10				20001			S.A.		
5	11. MARITAL STATUS 1 Whever Married 2 Merried	AS DECEDENT EVER IN ORCES? 1 YES	U.S. ARMED 2 NO	13. WAS DE	CENDENT OF HISPAN pecify Cuban, Mexica	NIC ORIGIN? (Specify in, Puerto Ricen, atc.)	fee or No—	14. RACE — American Indien, Black, White, etc.		
B	3 Wildowed 4 Divorced	YES, GIVE WAR OR DA	TES	1 TYE	S 2 X NO Specify	y:		Specify:		
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S US	UAL OCCUPAT	ION	16b. KIND OF E	I ISINESS/IND	Black		
E 1	(Specify only highest grade complete Elementary/Secondary (0-12) Colli-	nted)	(Give kind of work life. Do NOT use n	done during n	nost of working	TOD. KIND OF I	0311123371112	John T.		
COMPLETED	9th	lige (1-4 01 5 +)	Electric	cian		Priv	zate			
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)			
BE C	Haywood D. Hazzard				Dor	othy Hale	es			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street		Route Number, City or 1		Code)		
5	Dorothy Hazzard		224 R	. St.,	N.W. #10	2 Wash. I	.C. 2	0001		
	20a. METHOD OF DISPOSITION 2 Buriel 2 Cremetion 3 Removal for	20b.	PLACE AND DATE OF	ISPOSITION //	leme of			City or Town, State		
	4 Donation 5 Other (Specify)	Ha	etery, cremetory or other armony Mer			9/7/94 Landover, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	111	22. NAME /	AND ADDRESS OF FA	GLITY Johnso	n & J	enkins Inc.		
	1 Delna 6	a Usen	toises	716	Vonnody S	!+ N 1.7	Mach	D.C. 20011		
	23. PART i. Entar the diseasea, or compil	cations that caused	tha death. Do not	anter the m	ode of dying, suc	h as cardiac or rea	piratory arr	reat, Approximate		
	ahock, or heart fallure. List of	nly Dne cause Dn ea	ch line.				,	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	Coher						i .		
	resulting in death) a	DUE TO OR AS A	CONSEQUENCE OF):					weeks		
z		Acute	Renay	La	luse			to Months		
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	0		/	2 /			
2	CAUSE (Disease or injury	Huma	n /mmu	no des	juiency	Virus Positivity				
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	EOUENCE OF):						
5	d	Dene	paration	?)						
	PART ii. Other algnificant conditions con	tributing to death bu	it not reaulting in t	he underlyle	ng cause given in	Part 1. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL		Ane	emea			PERF	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							- 4500	OF DEATH? 1 YES 2 NO		
2	DID TOBACCO USE CON	TRIBUTE TO	CAUSE OF D	EATH '	YES NO					
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C/x	eck only one)				
SIC		SPITAL: npetient 2 - ER/Outpe		THER: Nursing Ho	me 5 🗆 Residence	6 Other (Specify)				
£	~ L	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O		JURY AT ORK?	28d. DESCRIBE HOV	INJURY OCC	CURED		
BY	Natural 5 Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO					
	_ 6 Codio not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, etre-	et, factory, off	ce	281. LOCATION (Street and Number or Rural Route Number, City or Yourn Steet)				
	4 Homicide datarmined						City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: 1	To the best of my knowle	edge, death occurred a	it the time, dat	s end place, end dus	to the cause(a) and n	anner ee stat	ed.		
O	one) 2 MEDICAL EXAMINER: On t	the basis of examination	and/or investigation, i	n my opinion,	death occured at the	time, date end place,	and due to th	e ceuse(e) end mennar ea stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
) BE	Durannes MIRDA A. BAK DU311- 1 8-31.91									
임	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)			0.	20735		
	MIRZA BA	18 8	926 0	Nooc	lyma 1	ROAD (LINIO	NAMY/AND		
	31. DATE FILE (1994)	32. REGISTRAN S SIGN	Win Pandall	_	1			7		
		U								



	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICA	TE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH		3. TIME OF DEATH
	Frances Hu	nand					Augus	+ 30		
	4. SOCIAL SECURITY NUMBER	70	AGE (In yrs. lest birti	hday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF S	HTTH		IRTHPLACE (State or Foreign
	577-60-4915	1 M 2 1 F	86 Y	'AS. MON	THS DAYS	HOURS MIN.	(Month, Da	y. Year)	1907	Ohio
	9e. FACILITY NAME (If not institution, give str		00	96	CITY TOWN	OR LOCATION OF DE		21,	9c. COUNTY O	
œ							AIH			
6	Doctors Community	HOSPITAL			ة الـ	nham			Prli	nce George's
DIRECTOR	10e. STATE 10b. COUNTY	-	10	c. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY
5	Maryland Prince	e George's			Lanhan	1				LIMITS?
51	10e. STREET AND NUMBER	e deorge E	,			, ZIP CODE	10g. CITIZEN OF WI			
FUNERAL	5517 Belva Pi	1 200				20706				
Z I	11. MARITAL STATUS	12. WAS DECEDENT EN	/ED IN ILC ADMICO		40 1170 050				U.S.	
	Never Married 2 Merried	FORCES? 1	YES 2 NO		If yes, ap	ENDENT OF HISPAN ecity Cuban, Mexica	n, Puerto Ricer	pecity tes c n, stc.)	8	RACE — American Indian, Black, White, etc.
A	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specify	y:		C	aucasian
	15. DECEDENT'S EDUC	ATION	18a DECEDI	FNT'S HSH	AL OCCUPATION	N.	165 KIN	ID OF BURN	NESS/INDUSTR	
	(Specify only highest grade of	completed)	(Give ki	nd of work o	done during mo	st of working	IOD. KIN	D OF BUSI	NESS/INDUSTR	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4+	TATT	ritor	/Edito	\T	Food	loral	Govern	amont
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-21	441	LUCI	/ IMI W	18. MOTHER'S NA				IIICIIC
ŏ	Richard T. H	1000rd								i
BE	19e. INFORMANT'S NAME (Type/Print)	aggaru					ace A.			
2						nd Number or Rural I				
	Martha H. Ames					Avenue				
	1 Buriel 2 X Cremation 3 Remo	val from Stata	20b. PLACE AND I cemetery, cremato	DATE OF DIS	lace)		DATE		ATION — City o	,
	4 Donation 5 Other (Specify)		Lee Cre	mato:	ry Ai	ig 31,199	94	CT:	inton,	Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1	- 1	22. NAME A	ID ADDRESS OF FA	CILITY LE	e Fu	neral H	Home, Inc.
	Stan Vou &	man	alas		6633	Old Alex	ander	Ferry	y Rd Cl	linton, Md
	23. PART I. Enter the disedles, or co	omplications that ca	used tha death.	Do not a	ntar tha mo	da of dying, suc	h aa cardiac	or reapling	story arrest.	Approximata
- 1	shock, or heart failure. L	ist only ona cause	on aach ilna.			0.000			Constillation of the second	intarvai Between
	iMMEDIATE CAUSE (Final disease or condition	620	- / '							Onset and Death
1	reaulting in death)	. SCP.	AS A CONSECUEN	ICE OF						120
		,	~ 7, 7	/						1-10-
0	Sequantially list conditions,		AS A CONSEQUEN							17'
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING	Der								17
윤	CAUSE (Disease or Injury that initiated avanta			CONSEQUENCE OF):						107/3
E	resulting in death) LAST	•								
핑										
	PART ii. Other significant conditions	contributing to dea	ath but not resul	but not resulting in the underlying cause given in P						24b. WERE AUTOPSY FINDINGS
DICAL						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
								J 1123 2 /2	2,110	OF DEATH?
2	DID TOBACCO USE C	ONTRIBLITE T	O CAUSE	OF DE	ATH V	ES NO				1 YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL	OITIKIDOIL I	O CAUSE	OI DE		ACE OF DEATH (Chi				
ᅙ	EXAMINER?	HOSPITAL:			HER:					
PHYSICIAN: ME	27. MANNER OF DEATH	1 Inpatient 2 ER		b. TIME OF	-	e 5 Residence				
	1 Natural 5 Pending	(Month, Day, Y		INJURY		RK?	28d. DEŞCHIR	SE HOW IN	JURY OCCURED	·
B	2 Accident Investigation	20- DI ACE OF IN	TIEN ALL I			rES 2 NO				
	3 Suicide 6 Could not be 4 Homicide datermined	building, etc.	JURY — At home, ((Specify)	iarm, street,	, factory, offic			N (Street en wn, State)	d Number or Ru	ral Route Number,
COMPLETED				_						
립		IAN: To the best of my	knowledge, death o	occurred at	the time, date	end place, and due	to the cause(a) and mann	er as atated.	
0	2 MEDICAL EXAMINER	: On the basis of axami	nation end/or inves	tigation, in	my opinion, d	eath occured at the	fime, date end	plece, end	due to the ceu	se(e) and menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM	MBER		29d. DATE SIGE	NED (Month Day Year)
띪	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)									
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITFM 27)	(Type Print)	Dog	(0)		7/3	0//
	H I	6/2 /2	313	/ <	-p (1)	/		12	6-11/	6 11 714
	31. DATE FILED (Month, Day, Year)		CICHATURE	, 0	D611	, C-e		10	0-11/	10011
	/	32 BEGISTRAR'S	pandale							
SEP 0 7 1994 guil Davidson-Manage									i	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Mospital of attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

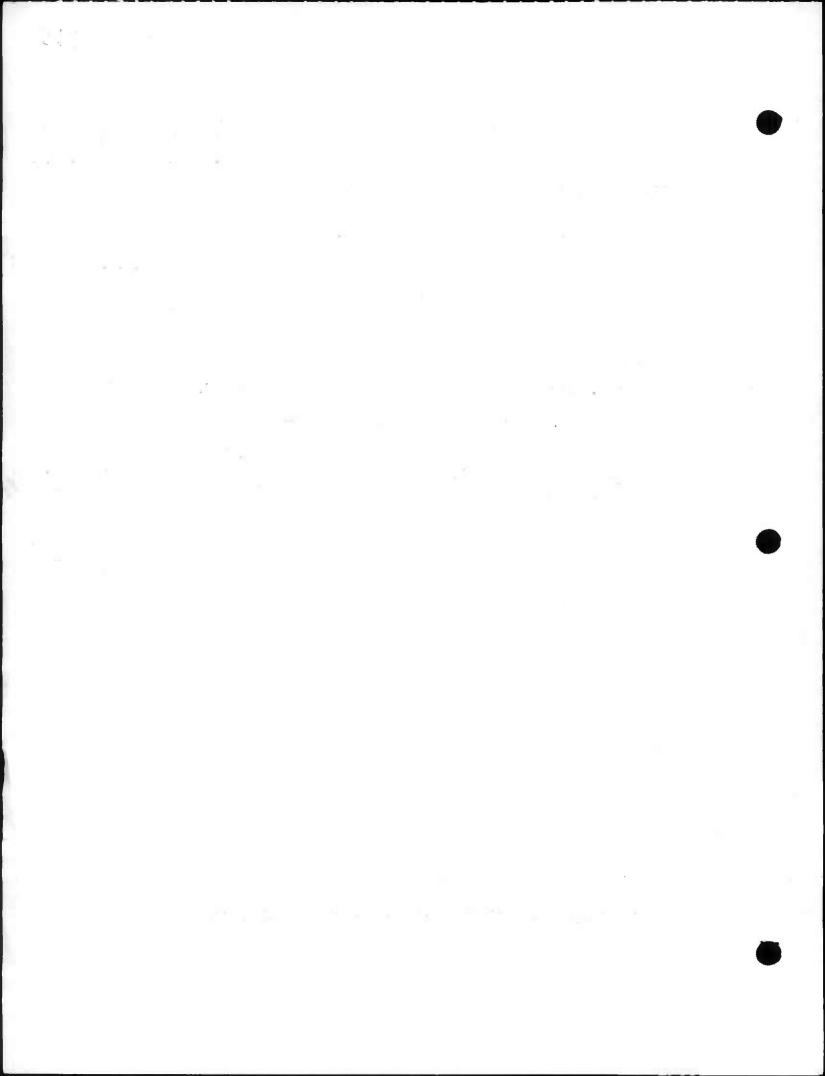
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t
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STATE OF MARYLAND / DEPARTMENT OF HI	EALTH AND	MENTAL	HYGIENE
CERTIFICATE OF	DEATH		REG. NO.

	1 - STATE OF MAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
- Control	1. DECEDENT'S NAME (First, Middle, Last) Ruth Ann Harre	ll		2. DATE OF OEATH MONTH DAY 08/ 29/ 19	3. TIME OF DEATH 11:45AM M					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AV 579-54-2914 1 M 2 1/2/4	8. BIRTHPLACE (State or Foreign Country) Washington, DC								
TOR	98. FACILITY NAME (If not institution, give street and number) 1145 Harvard Road RESIDENCE OF DECEDENT	9	b. CITY, TOWN OR LOCATION OF DE Waldorf		OUNTY OF DEATH Charles					
DIRECTOR	10s. STATE 10b. COUNTY Maryland Charles		rown or Location		10d. INSIDE CITY LIMITS? 1 YES 2 4 NO					
FUNERAL	100. STREET AND NUMBER 1145 Harvard Road		101. ZIP CODE 20602		U.S.A.					
B⊀	11. MARITAL STATUS 1 \(\overline{\text{Married}} \) Never Married 2 \(\overline{\text{Married}} \) Merried 3 \(\overline{\text{Widowed}} \) 4 \(\overline{\text{Divorced}} \) Divorced	ES 2 (0)	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, stc. Caucasian					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th N/A	16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during most of working	16b. KIND OF BUSINESS/I						
BE COM	17. FATHER'S NAME (First, Middle, Last) Elmer H. Harrell	IVOITILE		ME (First, Middle, Malden Surname	9)					
07	190. INFORMANT'S NAME (Type/Print) Darlene Denise Riser	I .	odress (Street and Number or Rural I me as 10 A-F	Route Number, City or Town, State,	Zip Code)					
		20b. PLACE AND DATE OF I Cemetery, cremetory or other CECAL HIL	EAND DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City							
	21. SIGNATURE OF FUNCTION SERVICE LICENSEE	7	22. NAME AND ADDRESS OF FA		Rd Clinton, Md					
	23. PART I. Enter the diseased, or condications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ahock, or heart injury. List only one cause on each line. IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	S A CONSEQUENCE OF):								
A	PART II. Other significant conditions contributing to deat	h but not resulting in	the underlying cause given in	Part I. 24a, WAS AN AUTOPS PERFORMED? 1 YES 2 W NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE			N 🗆	1 TYES 2 NO					
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 X Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 1 N Natural 5 Pending 2 Accident Investigation 28. DI ACE OF INJU (Month, Day, Yea	P 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY O							
ETED	3 Sulcide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, streat, factory, offica building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	ABER 29d. D. ▶	Ate signed (Morith, Day, Year) August 29 1994							
			. #601 Oxon Hil	l, Md. 20745						
	SEP 0 7 1994 Girla Javidson-7				DHMM 16 Day 1/00					



DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page befined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR		STATE OF N) / DEPAR Certif					MENT	AL HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, A	Middle, Last)								2. DA	TE OF DEATH			3. TIME OF DEATH	
1	Timothy	tchkis	S				September 8,			1994	2010	М			
Ì	4. SOCIAL SECURITY NUMBE	R	5. SEX			IF UNDER	NOER 1 YEAR IF UNDER 24 H			7. DATE OF BIRTH				PLACE (State or Fore	ign
	212-72-3314		3	8 YRS.	MONTHS	DAYS	HOURS	MIN.	1-	14-1956		Mary	land		
l	9a. FACILITY NAME (If not inst					R LOCATIO				9c. COL	INTY OF DE	EATH			
l	Calvert Mem		Hospita	1		Pr	ince	Fre	deri	.ck			Calve	ert	
		10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	ION					1	10d, INSIDE CITY	
	Maryland	Calve	ert		Pri	ince	Free	deric	ck					LIMITS?	10
ı	10e. STREET AND NUMBER		-				101	ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY?	
ı	56 Terrace I	rive					2	20678	3			U.S	S.A.		
ı	11. MARITAL STATUS 1 Never Merried 2 M		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPAI	VIC ORI	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE Black	- American Indian	١,
	3 Widowed 4 Divorce	The state of the s	IF YES, GIVE V				1 TES	2 ANO	Specif	y:	to riveari, etc.)		Specil Whi		
	15. DECEI	DENT'S EDUC	CATION	18a.	DECEDENT'S	USUAL O	CCUPATIO	ne -		L	ISS. KIND OF BUS	INECC/IN			
1	(Specify only I Elementary/Secondary (0-1	highest grade	College (1-4 or 5		(Give kind of title. Do NOT ut	work done	during mo	st of workin	g		iob. Kind of Bos	ME33/IN	OUSTRY		
	12	-/	ounege (14 of 5		lumber	:					Plumbin	ng			
	17. FATHER'S NAME (First, Mid							18. MOTH	IER'S NA	ME (Firs	t, Middle, Maiden	Sumame)		_	
ı	Hubert Adams	s Hoto	hkiss					Agr	nes 1	Pati	ricia De	eGras	SS		
	19a. INFORMANT'S NAME (Typ		(5.11	,							umber, City or Town				
1	Hubert A. Ho		<u> </u>	-				<u> </u>	rın		rederio	-			
	209. METHOD OF DISPOSITIO	3 🗆 Remo	oval from State	cemetery,	CEAND DATE	of DISPOS ther placel	SITION (Ne	me of	0/1	2 (0	ATE 20c. LO		City or Tox		
	4 Donation 5 Other (S 21. SIGNATURE OF FUNERAL	, ,,,,	ENSEE	Resu	resurrection Cemetery 9/12/94 Clir 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, 440								yland		
į	A C		144			Ra	uscl	1 Fur	iera.	I Ho	ome, 440	05 Bi	roome	s Island	i
4		- (July								lic, Mai			676	
H	23. PART I. Enter the disabook, or hea	eases, or c art fallure. I	omplications the List only one cau	t caused the use on each l	death. Do i line.	not enter	the mo	de of dyl	ng, suc	h as c	ardisc or reapi	ratory ar	rest,	Approximat Interval Bet	
l	IMMEDIATE CAUSE (Fina disease or condition		1/	1-	Fai	100	0							Onaet and	Death
H	reaulting in death)		H= pe	OR AS A CON	ISEQUENCE O	NCE OF:								/ da)
ı			4-10	fife	13	G.A	1	150	10 Fe	1	\sim			Ryoa.	1
	Sequentially list condition if any, leading to immediate		DUE 10	(OR AS A CON	SEQUENCE O			- //						1/	
	cause, Enter UNDERLYIN CAUSE (Disease or Injury		C												
	that initiated eventa resulting in death) LAST		DUE TO	(OR AS A CON	ISEOUENCE O	F):									
			s											- 	
I	PART II. Other significant	condition	a contributing to	death but no	1		nderlylng	cause g	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINE AVAILABLE PRIOR TO	
	Introv	s rac	· Dre	9 /	1605	P					1 TYES 2			COMPLETION OF CA	
				0										1 - YES 2 - NO	5
	DID TOBACCO US		RIBUTE TO CA	USE OF D	EATH YE	S 🔲 i	NO E	UNC	ERTAII	N 🗆					
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:															
ı	1 YES 2 NO		1 Inpetient 2						aldence		ther (Specify)				
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending								RK?	I NO	28d. L	EŞCRIBE HOW II	AJURY OC	CURED		
2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, lectory, office								1110	28f. L	OCATION (Street a	nd Numbe	r or Rural R	oute Number.		
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rurel Route City or Town, Stele)															
ı	29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time date and close and due to the cause(s) and many a plated														
ı	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pleca, and due to the ceuse(a) and manner se atlated. One) MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(a) and manner as stated.									ted.					
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)															
14km 06 ml D24990 19/9/94															
Ť	30. NAME AND ADDRESS OF F	PERSON WA	COMPLETED CAUS	SE OF DEATH (ITEM 27) (Туре,	Print))		/			- / /	. /	_
	WAYKE	2	2 Ab Cus	K+			E	rinc	e Fi	rede	erick, N	ID.	2067	8	
ſ	31. DATE FILED (Month, Day, Ye			R'S SIGNATURI				_							
I	SEP 12	1994	Julia Dau	whor-hav	dall										

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	he	e 0	E	
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-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after di	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND / D	EPARTMI RTIFICA	NT OF I	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)		Ide	n			2. DATE OF DEATH	M/5	1994	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 577-10-0626	April 26, 1900 Washington										
TOR	9a. FACILITY NAME (If not institution, give SOUTHER W	Mil	10 HosPA	,	CL, TOWN	OR LOCATION OF		UNTY OF DEA				
DIRECTOR	10a. STATE 10b. COUNT		Y I THE	VN OR LOCA								
	10a, STREET AND NUMBER	tgomery		ROCI	_	H. ZIP CODE		18g. CF		XXYES 2 NO		
COMPLETED BY FUNERAL	12630 Viers Mill					20853		Uni	ited S	tates		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARME I YES 2∑∰NO MAR OR DATES	ED	If yes, s		PANIC ORIGIN? (Specify Yelican, Puarto Rican, atc.) city:	s or No—	14. RACE - Black, 1 Specify: Whit			
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION o completed) College (1-4 or 5	(Give iffe. D	DENT'S USUA kind of work d to NOT use retir	one during m ed.)	ON ost of working	Depart					
OM	17. FATHER'S NAME (First, Middle, Last)			POZVZ	-	18. MOTHER'S						
BE C	17. FATHER'S NAME (First, Middle, Leat) Frank Riston Mattie Belle Warring											
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Margaret V. Fugel 12630 Viers Mill Rd Apt T-1 Rockville Md 20853											
	20a. METHOD OF DISPOSITION 152 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cametery, crematory or other place) Fort Lincoln Cemetery 9/7 Brentwood,											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FORT Lincoln Funeral Home, Inc. 3401 Bladensburg Rd, Brentwood									1 20722		
CERTIFICATION	23. PART I. Enter the diseases, prescription of the property o	DUE TO	ceused the deat use on each tine.	ENCE OF):	nter the mo	ode of dying, s	uch as cerdiec or resp	iratory a	rrest,	Approximate interval Betwee Onset and Deat		
PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1									PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO		
ED BY P	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	(Month, E	Ory, Year) OF INJURY — At home atc. (Specify)		W 1 🗆	ORK? YES 2 NO	28f. LOCATION (Street City or Town, State	and Numbi		ite Number,		

TO BE COMPLETED LICENSE NUMBER 32. REGISTRAR'S SIGNATURE

1 CERTIFYING PHYSICIAN: To the 2 MEDICAL EXAMINER: On the be

29a. CERTIFIER (Check only one)

DATE SIGNED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attend	after death. Page 6 may be retained by the hospital or attend
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	by the funeral director, page 5 should be detached for use as
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	moval.
IMPORTANT If Hem 28 is marked or Hem 23 shows any Injury or other fraumatic event the medical examiner must be notified at once	ical examiner much he notified of nace

	1 - FOR STATE REGISTRAR	STATE OF M		ARTMENT OF		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) MADELINE S	IRUI	N				MY 1	уеан 1994	3. TIME OF DEATH 3.30 A M			
	4. SOCIAL SECURITY NUMBER 213-18-8710	5. SEX	6. AGE (In yrs. last birthde 72 yrs	MONTHS DAY		June 20,1	922		HPLACE (State or Foreign			
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOW	N OR LOCATION OF			UNTY OF D				
DIRECTOR	Long View N H			Manch	ester		Car	roll				
REC	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR LO	CATION			10d, INSIDE CITY LIMITS?				
	MD Car	ro11		Manch	ester 101. ZIP CODE	T 40= 00	1 VES 2 NO					
ERA	3332 Main St.				21102			SA	WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2/ Merried 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO NAR OR DATES	If yes,		ANIC ORIGIN? (Specify Yecan, Puerto Rican, etc.)	a or No	14. RAC Blac Spec	E — American Indian, k, White, etc.			
E C	15. DECEDENT'S EDU (Specify only highest grade		(Give kind	T'S USUAL OCCUPY of work done during	TION most of working	16b. KIND OF BU	ISINESS/IN	DUSTRY	WILLE			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 d) We. Do NO	T use retired.)								
OM	17. FATHER'S NAME (First, Middle, Last)			cical	18. MOTHER'S	NAME (First, Middle, Maider	etar					
BE C	David Penningtor	1	Carrie Osburne									
9	19a. INFORMANT'S NAME (Type/Print) Penny Pettie					Plante Number, City or Tow						
	20s. METHOD OF DISPOSITION		20h PLACE AND DA	TE OF DISPOSITION	(Name of	oate 200 LG	CATION -	- City or To	own, State			
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crematory	or other place) St	Mary's C	Cemetery 9/	14Si	lver	Run, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		AND ADDRESS OF							
	- Julyan 17	ittle	- h -						estown, PA173			
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	rrest,	Approximata interval Batween pneet and Death									
		DUE TO	(OR AS A CONSEQUENCE	OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Multiple Impart. Demonstrated Demonstrated Description of Completion of Comple											
PHYSICIAN:	EXAMINER? 1 YES 2 100 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 Inpeti			ome 5 Residenc	8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED				
ВУ	1 Matural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At home, fan atc. (Specify)		YES 2 NO	261. LOCATION (Street City or Town, State		er or Rural	Route Number,			
ETE.	4 Homicide determined											
COMPLETED	(Check only 1 CERTIFYING PHYS					us to the cause(s) and me he time, data and place, a			e) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE WHAT	varl	MO		DO2	386	29d. DA	TE SIGNED	Month, pay, Year)			
	30. NAME AND ADDRESS OF PERSON WHAT FOR A P	al M	D 32 R'S SIGNATURE	23 M	AINST	MANCI	405	ter	MJ 21102			
	SEP 1 4 1994 0~	det ast.										

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO TO CT	TO BE COMBIETED BY BUYCIOIAN, MEDICAL OFFICIALISM
I examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR		STATE OF N	MARYLAND A			NT OF H CE OF			MENTA	L HYGIEN! REG. NO.	E		
1. DECEDENT'S NAME (First, Mid	dle, Last)				IOAI		DEA		2. DATE	OF DEATH			3. TIME OF DEATH
Melvin G	regor	v .To	nes						Sept	H DA		YEAR 994	10:45 P.M.m
4. SOCIAL SECURITY NUMBER		. SEX	6. AGE (in yrs. le	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
220-12-3901	1	₩ 2 □ F	68	YRS.	MONTH	DAYS	HOURS	MIN.		16. 1	025	Country	
9a. FACILITY NAME (If not institut	ion, give street	t and number)			9b. Cl	TY, TOWN O	R LOCATION	ON OF DE		10, 1		NTY OF DE	
3103 Teton La	ne				D	owie							_
RESIDENCE OF DECED	ENT				D	OWIE_					PILII	ce G	eorge's
10a. STATE 10b	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Prince	George	e's	Bow	ie							- 1	1 X YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
3103 Teton Lane 20715 USA													
11. MARITAL STATUS			T EVER IN U.S. AF		13					17 (Specify Yaa Rican, atc.)	or No-	14. RACE Black	— American Indian, White, atc.
1 Never Married 2 X Married 3 Widowed 4 Divorced		IF YES, GIVE W	YES 2 AH OR DATES			1 TES				rican, acc.,		Specif	
134-14-15-15-15-15-15-15-15-15-15-15-15-15-15-	NT'S EDUCAT		140.00						Total				White
(Specify only high	nest grade con	npleted)	(0	Sive kind of Do NOT u	work don	OCCUPATIO le during mos	N it of workin	g	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	°	College (1-4 or 5 -	.)							77 1	1 0		5. 1
17. FATHER'S NAME (First, Middle.	Lasti			Mech	anı	c I	10 MOTE	HED'C NA	ME (Eint	Federa		vern	ment
									,	,	,		
19a. INFORMANT'S NAME (Type/F	nes		10	b MAILING	ADDRE	es (ctmat 2)				Hanley ber, City or Town		Ordel	
Dorothy J	ŕ												
20a, METHOD OF DISPOSITION			20b. PLACE					wie,	Mai	yland,		LD City or Toy	un State
1- Buriel 2 Cremation 3 4 Donation 5 Other (Spe		I from State	cemetery cri	ematory or o	ther plec	el		0					g, Maryland
21. SIGNATURE OF FUNERAL SE		SEE	IGale	OI ne	22	A NAME AN	D AQDRES	SS OF FA	CILITY	4 1211/	er S	prin	g, Maryland
Robert	0 6	10 - 1	a . D							al Hom			00715
Tioway	<u>C.</u> C	, vanx	1; Tre	0-				_		Road Bo			20/15
23. PART I. Entar the disease ehock, or heart	ses, or com fellure. List	iplications the t only one cau	t coused the deservation	eath. Do i e.	not ente	er tha mod	de of dyl	ng, aucl	h as car	diec or reaping	atory arr	eet,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition		6	1		1)							Onset and Death
resulting in death)	e	DHETO	(OR AS A COMSE	OUR DE D	/ 6	y							
		-4-	TON AS A COMSE	b P	1/.	TD		_					
Sequantially list conditiona		OUE TO	(OR AS A CONSE			10	Ses	5-4					
if any, leeding to immediate cause. Entar UNDERLYING	' J												
CAUSE (Diseese or Injury that initiated evente	, c.	OUE TO	(OR AS A CONSE	OUENCE O	F):								
resulting in death) LAST	d.												
DADT II Other steelfieres													
PART II. Other eignificent c	onditiona c	ontributing to	daeth but not	reaulting	In the	underlying	ceuse g	givan in	Part i.	24a. WAS AN /			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 - YES 2	NO		COMPLETION OF CAUSE OF CEATH?
													1 TYES 2 NO
DID TOBACCO USE		UTE TO CA					UNC	ERTAIN	И П				
25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:	28. PLA	CE OF OEA	OTHE			/					
1 YES 2 NO	1	T	ER/Outpatient 3		4 🗆 N	ursing Home	5 1 Re	sidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1- Natural 5 Pend	lno	28a. DATE OF (Month, D.		28b. TIM	E OF URY	28c. INJU WOR	RIC?		26d. DE:	SCRIBE HOW IN	JURY OCC	CUREO	
	tigation				М		ES 2	NO					
3 Suicida 8 Could 4 Homicide dater	d not be	26a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fa	ictory, offica			28f. LOC City	ATION (Street as or Town, State)	nd Number	or Rural Ro	oute Number,
				-						- 111			
			my knowledge, de										
2 MEDICAL	EXAMINER: C	on the basis of e	camination end/or	Investigation	in my	opinion, de	eth occur	ed at the	time, data	and place, end	dua to th	e cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER	7, -		3			29c. LICE	NSE NUN	ABER		29d. DATE	E SIGNEO	(Month, Day, Year)
2/2	2	KJ	21				1	12	6/9	0		9/6	194
30. NAME AND ADDRESS OF PER	SON WHO C	OMPLETED CAUS	SE OF OEATH (ITE									1	
31. DATE FILED (Month, Day, Year)	65,	Va BEGISTA	R'S SIGNATURE	3	231	15-1	10/1	0/	64-	e /	38-	0/	Md
morni, Day, Rear)	NOO.	Gilia L	avidson-1	andall	-	V							1

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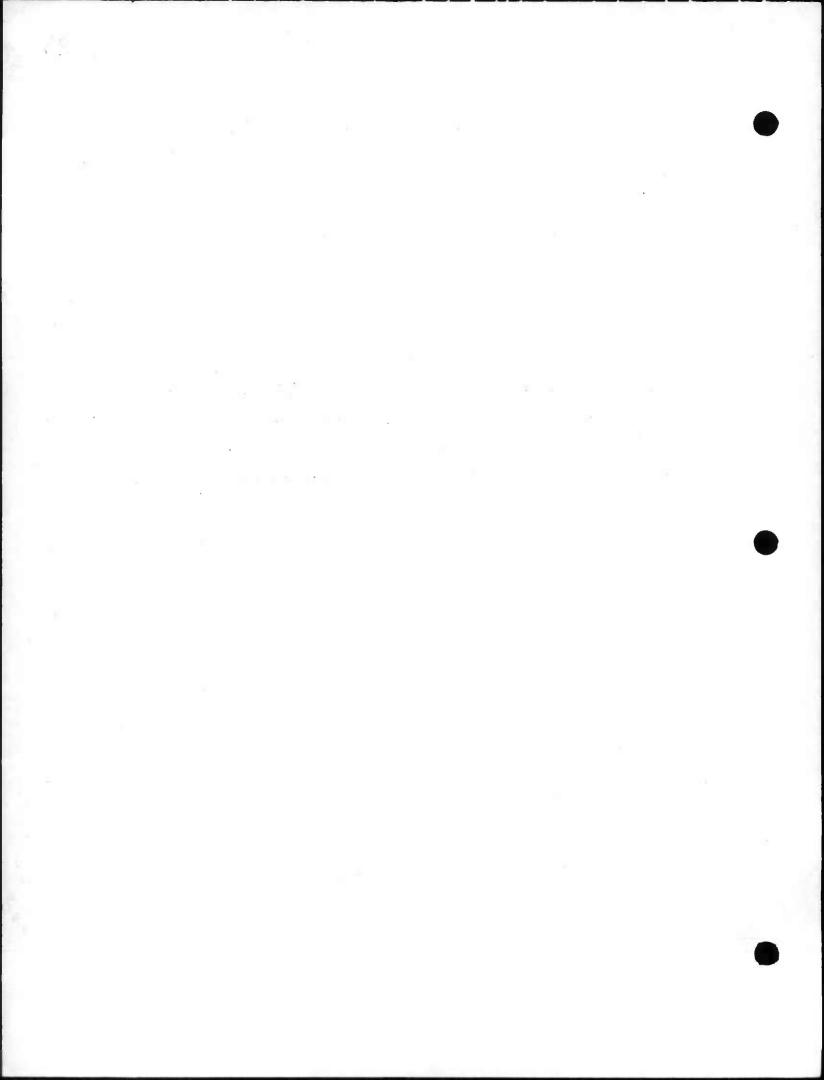
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	ICATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							F DEATH			3. TIME OF DEATH
Core	y A.	Jones								2:15 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)			7 DATE OF	E BIRTH		BIRTHE	LACE (State or Formion
565-31-0564	1 X M 2 F	21	YRS.	1.00			23,			alif.
Collingwood Nu		enter				-				
			10c. CIT	Y, TOWN OR LOC	ATION		-	10d. INSIDE CITY		
			Poole	sville					LIMITS? 1 X YES 2 NO	
11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2	MED NO	If yea,	specify Cuban, Maxic	en, Puerto Ric		or No — 14	Black,	- American Indian, White, etc. Black
(Specify only highest grade	completed)	(C	ive kind of w	work done during	TION nost of working	16b. F	KIND OF BUS	SINESS/INDUS	STRY	
	1 yr		Stud	dent						
	as .Tr							,		-
	CD, UI.	140	h MAH INIO	ADDRESS (O.						
	n (Moth									4D 20837
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo		20b. PLACE	AND DATE	OF DISPOSITION	Name of	DATE 20c. LOCATION — City or Town, State				rn, State
	ENSE	1	22. NAME AND ADDRESS OF F							
Chare KI	mou	Mu		RO	CKVILLE	, MD	208	50		
23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):										
DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditione,										
PERFORMED? 1 YES 2 NO COI									WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 K NO	
						_				
				26.	PLACE OF DEATH (C	heck only one))			*
1 VES 2 NO		ER/Outpatient 3	□ DOA	OTHER:	ome 5 Residence	6 Other	(Specify)			
27. MANNER OF DEATH	28s. DATE OF I	NJURY	28b. TIM	E OF 26c, 1	NJURY AT			NJURY OCCUP	RED	
Natural 5 Pending	(MORRI, Da	y, rear)	INJ							
3 Suicide 6 Could not be determined	28e, PLACE OF building, e	INJURY — At hote. (Specify)	me, ferm, s	street, factory, of	lice			and Number or	Rural Ro	oute Number,
Chi or Tourn State)										
(Check only			ingestigatio	en, in my opinion	death occured at the	e time, date a	nd place, en		cause(a)	end manner as stated.
	COTE 4. SOCIAL SECURITY NUMBER 565-31-0564 9a. FACILITY NAME (If not institution, give sit COllingWood Number 10a. STATE 10b. COUNTY Maryland Mon 10a. STATE 10b. COUNTY Maryland Mon 10a. STREET AND NUMBER 19876 Beatriz 11. MARITAL STATUS 12. Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) EVERET P. Jon 19a. INFORMANT'S NAME (Type/Print) Veronica Felto 20a. METHOD OF DISPOSITION 1M Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseasee, of c shock, or heart failure. If enry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitieted evente resulting in death) Sequentially list conditione, if enry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitieted evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 10b. COUNTY 10c. COUNTY 10c. COUNTY 11 Natural S Pending Investigation 26. Could not be	COREY A. COREY A. LOCAL SECURITY NUMBER 5.5. SEX 5.65-31-0564 S. SEX 1 M M 2 F S. FACILITY NAME (If not institution, give street and number) COLLINGWOOD NURSING C RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10c. STREET AND NUMBER 1.9876 Beatriz Avenue 1. MARITAL STATUS 1. Maryland 1. DECEDENT'S EDUCATION (Specity only highest grade completed) Elementary/Secondary (0-12) 1. FATHER'S NAME (First, Middle, Last) EVERET P. Jones, Jr. 1. Informant's NAME (First, Middle, Last) EVERT P. Jones, Jr. 1. SIGNATURE OF FUNERAL SERVICE LICENSE 2. METHOD OF DISPOSITION 1. SIGNATURE OF FUNERAL SERVICE LICENSE 2. SEQUENTIES IN GLASTION (CAUSE (Disease or condition resulting in death) LAST 2. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 yes 2 NO 2. METHOD OF DISPOSITION 2. SEQUENTIES IN GLASTION (CAUSE (Disease or injury that initieted evente resulting in death) LAST 2. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 yes 2 NO 2. METHOD OF DISPOSITION 2. METHOD OF DISPOSITION 2. METHOD OF DISPOSITION 2. SEQUENTIES IN GLASTION (CAUSE (Disease or injury that initieted evente resulting in death) LAST 2. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 yes 2 NO 2. METHOD OF DISPOSITION 2. METHOD OF DIS	COTEY A. JONES COTEY A. JONES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. let. 21 8. FACILITY NAME (If not institution, give street and number) COLLINGWOOD NUTSING Center RESIDENCE OF DECEDENT 100. STREET AND NUMBER 19. 876 Beatriz Avenue 11. MARITAL STATUS 1 SENERT AND NUMBER 19. 876 Beatriz Avenue 11. MARITAL STATUS 1 SENERT AND NUMBER 19. 876 Beatriz Avenue 11. MARITAL STATUS 1 SENERT AND NUMBER 1 9. 876 Beatriz Avenue 11. MARITAL STATUS 1 SENERT AND NUMBER 1 9. 876 Beatriz Avenue 11. MARITAL STATUS 1 SENERT AND NUMBER 1 9. 876 Beatriz Avenue 1 1. Was DECEDENT 1 VES 2 SEX 1 YES	COTEY A. JONES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) 7. SEX. SEX 7. SEX 7	COPY A. JONES 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 21 YRS. 8. ACCILITY NAME (if not institution, give stream an number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream an number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream and number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream and number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream and number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream and number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream and number) CO11ingWOOd Nursing Center 8. FACILITY NAME (if not institution, give stream and number) 9. CO17Y, TOWN OR LOC POOL POOL POOL POOL POOL POOL POOL	T. PATTHET'S NAME (First, Middle, Last) COTEY A. JONES 4. SOCIAL SECURITY NUMBER 5. S. S. JONES 4. SOCIAL SECURITY NUMBER 5. S. S. JONES 6. S. S. S. JONES 6. S. S. S. JONES 6. S. S. S. JONES 7. S. S. S. S. JONES 7. S. S. S. S. S. JONES 7. S. S. S. S. S. JONES 7. S. S. S. S. S. S. JONES 7. S.	A SOCIAL SECURITY NUMBER A SOCIAL SECURITY NUMBER 5. SEX. 6. AGE (in yra. lest bethology) 6. SEX. 7.	1. DECEDENT'S NAME (First, MASSA, Last) COTEY A. JONES 4. SOCIAL SECURITY NAMER 565-31-0564 1X M 2 F 21	A. SOCIAL SECURITY NUMBER A. SOCIAL SECURITY NUMBER 5. SEX 6. A DEF by a last distributy 8. SEX DATE of BRITTING OF SEX	**SCOCAL SECURITY NUMBER** **SCOTAL SECURITY NUMBER** **

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar-transit in filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burlar, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

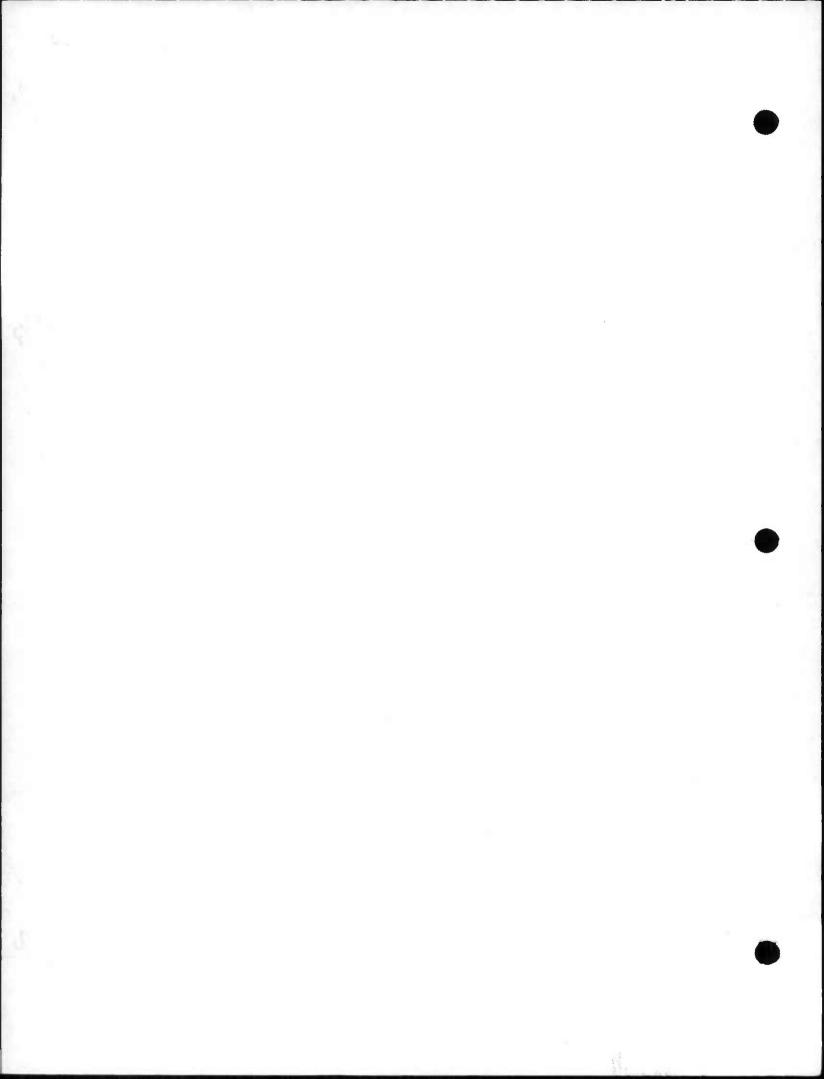
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CORDS, P.O. BOX 68760,	uires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physic	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring Health and Mental Hygiene prior to burial, cremation, or removal.

ST	TE OF		DEPARTMENT			MENTAL	HYGIENE	
		C	ERTIFICATE	OF DEAT	ГН		REG. NO.	
								-

			FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND MENTAL HYGIENE F DEATH REG. NO.							
	1		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W VE	3. TIME OF DEATH				
	- 1	- 1	Emp	11	JOHN	SON		August 2						
	- 1		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. Bi	RTHPLACE (State or Foreign puntry)				
- 10	2		577-46-4077	1 M 25 F 8	YRS,	MONTHS DAYS	HOURS MIN.	Feb.2,191		shington,d.c.				
5"	-	~	9e. FACILITY NAME (If not institution, give	4.4		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	OF DEATH				
6	7	è	SOUTHERN RESIDENCE OF DECEDENT	MANY/MD A	POSPITAL	Ch1,	NOTU		Prin	KE GEONGES				
(1)	4	屋.	10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	TION		10d. INSIDE CITY					
-	العصا	ä			shingtor	D.C.		LIMITS? KX YES 2 NO						
10.00	E -	A	10e. STREET AND NUMBER			10	r. ZIP CODE	OF WHAT COUNTRY?						
202	5	E I	1644 Trinidad Av				20002		U.S.	Α.				
20	Ę	S	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yee en, Puerto Ricen, atc.)		IACE — American Indian, Black, White, etc.				
00-	as me bunarin	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	S 2 NO Specific	pecity: Black						
			15. DECEDENT'S EO			USUAL OCCUPATI		16b. KIND OF BUS	SINESS/INDUSTF	ry				
21: al or	oetached for Use	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during m ise retired.)	ost of working							
ND Nospit	cued cued	MP	7		Dom	estic		Priva	te Indu	stry				
LA	oetach once.	8		ATHER'S NAME (First, Middle, Last) 18. MC										
MARYLAND retained by the hospit	ed at	B	190. INFORMANT'S NAME (Type/Print)	er				Johnson						
	o snourd notified	2	Pauline Carter					Route Number, City or Townshington, D.						
ay be	bage page		20e. METHOD OF DISPOSITION	20h		OF DISPOSITION /N			CATION — City o					
HO H	must	1	1 🔀 Burtel 2 🗆 Cremation 3 🗆 Rar 4 🗆 Donation 5 🗀 Other (Specify)	moval from State cem	etery, crematory or d	Memoria	1 Park	8/27/94 La		- C.				
Page 1	iner		21. SIGNATURE OF FUNERAL SERVICE L			22, NAME A	ND ADDRESS OF FA	CILITY		,11d •				
BALTIMORE, after death. Page 6 may be	ure romerar orrector, oval. ai examiner must		Fraziers Funeral Home											
after B	or removal		389 Rhode Island Ave., N.W., Washington, D.C.											
3760, ours af	De La		Snock, or neert militre. List Dniy one ceuse on eech line.											
2	l, cremation, event, the		diseese or condition resulting in death)	a. DUE TO (OR AS A	Ceni					Onset and Deeth				
d with	cremi	İ	resoluting in doubly	DUE TO (OR AS A	CONSEQUENCE C	F):				Menonet				
cxecuted with	to burial,	Z	Sequentieily liet conditions,	b. Pinan										
O S B B B B B B B B B B B B B B B B B B	prior to buria	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Pa Ph	CONSEQUENCE O	F):			New on so?					
.O. B(certificate	S CL	FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF): Par Phase Visual day Due TO (OR AS A CONSEQUENCE OF):										
O. Certi	attending proportion to the train the tra	E	resulting in deeth) LAST	d Dr9e		10								
S		B	PART il Other significant condition		V									
		8	PART ii. Other significant condition	ns contributing to death b	ut not reculting	in the underlyin	g cause given in	Pert i. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
ECOR quires that	of Health and shows any I	EDIC/						t YES 2	□ NO	OF DEATH?				
L RECOR	ot, of Health and Shows any	Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH '	YES I NO			1 YES 2 NO				
	Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	Torring 10	CAUGE OF		LACE OF DEATH (C/							
F VITAL SICIAN: The la	State C	Sic	EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outp	atient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)						
VISION OF VITA ATTENDING PHYSICIAN: The	with the	Ь	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIR	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW II	NJURY OCCURE	0				
Z S PH		BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
SIO ENDIA	after de		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, fectory, offic	De .	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,				
DIVISION OR ATTENDING	hours after item 28	ᇤᆙ												
A 2	2 2 =	AP.	and .	SICIAN: To the best of my knowl										
THE HOSPITAL	be filed within 72 f	COMI	2 MEDICAL EXAMIN	ER: On the beels of examination	end/or Investigati	on, in my opinion,	death occured at the	tima, date end place, en	d due to the ceu	se(e) and manner ee stated.				
THE P	PORT V	B	29b. SIGNATURE AND TITLE OF CERTIFIE	. 0			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)				
2 5	2 8 ₹	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Toro	Print)	Da	5640	4144	rust 24. 1990				
7			1/1400	ATT IN -	ALTERIAL) (NYD)		Sout	1 . 0	1,200	32 DC.				
\leq			31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE S	10/8	LYDUI	HEAN !	VENUI	E NASITINGTON				
			SFP 0 7 199	32. REGISTRAR'S SIGN.	idson-Hand	all								



The state of the s

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) SEP~14

32. REGISTRAR'S

whi Denison - Ro

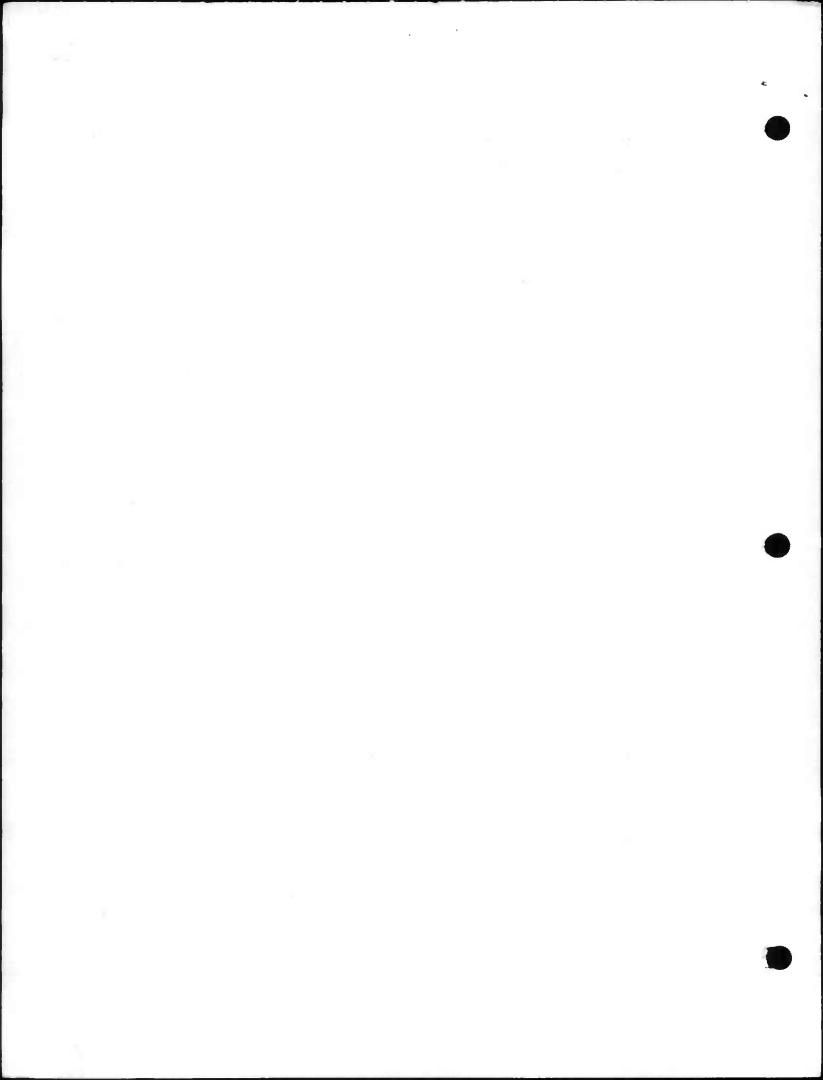
1994

	1 - FOR REGISTRAR	STATE OF MARY	LAND / DEP CERT	ARTMEI IFICAT	IT OF	HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) NAOM /	SOHNSO	N		-		2. DATE	OF DEATH	AY	YEAR	3. TIME OF OEAT	Н
	4. SOCIAL SECURITY NUMBER 213-14-7260	1 🗆 M 2 🅦 F	E (In yrs. lest birthd	S. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont 5/	of BIRTH h, Day, Year) 1/21			PLACE (State or For	reign
тов	9a. FACILITY NAME (# not institution, give str Harrison House RESIDENCE OF DECEDENT		HOme			OR LOCATION OF D	EATH		9c. COUNT		ath ester	
DIRECTOR		Worcester	Snow Hill								10d. INSIDE CITY LIMITS? 1 K YES 2	
FUNERAL	10e. STREET AND NUMBER 404 Dighton A	Venue	INII S ADMED	1.		H. ZIP CODE 21863 CENDENT OF HISPAI					Α.	
BY	1 K Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO		If yes, s	pecify Cuban, Maxica S 2 NO Specif	nn, Puerto	r (specify te Rican, etc.)	i or No—	Black, Specify	- American India White, atc. Black	
PLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NO	of work don T use retired	e during m .)	ION ost of working	16b	KIND OF BU				
COMPL	17. FATHER'S NAME (First, Middle, Last)		Homemaker 16. MOTHER'S NAMI						n hon	ie		
ш	Harry Johnson					Mae Sm			,			
TO B	199. INFORMANT'S NAME (Type/Print) = William Jol	hnson				and Number or Rural	Route Num	ber, City or Tow	n, State, Zip C		215	
	= William Johnson 3814 Midheights Rd., Balto., Md. 21215 20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Mt. Zion Cemetery 9/94 Snow Hill, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICE Patricis	L. Lles	m			Box 87,						
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CARCINOMA OF ESOPHFAGUS C METASTASIS											
MOIT	s. LARCINOMA OF ESOPHPIGUS C METASTRISIS / YR Sequentially liet conditions, fit any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):				·				
	PART II. Other eignificent conditions		but not resulting	g in the u	ınderlyin	g ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	- 6	VERE AUTOPSY FIN WAILABLE PRIOR T COMPLETION OF CA OF DEATH?	ro
PHYSICIAN: MEDICAL										1	YES 2 N	0
S		HOSPITAL:		ОТНЕ		LACE OF DEATH (Ch	eck only on	9)				
ΗXS	1 YES 2 SENO	1 Inpatient 2 ER/Ou			rising Hon	ne 5 Residence						
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M	1 🗆	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJUI building, atc. (Sp	ecify)				City	NTION (Street a or Town, State)			ute Number,	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:										end manner ea sta	nted.
H	276. SIGNASURE AND TITLE OF CERTIFIER	Junith.	m.J.			29c. LICENSE NUN			29d. DATE S		Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WIND	COMPLETED ONLY			_				,		,	

SNOW

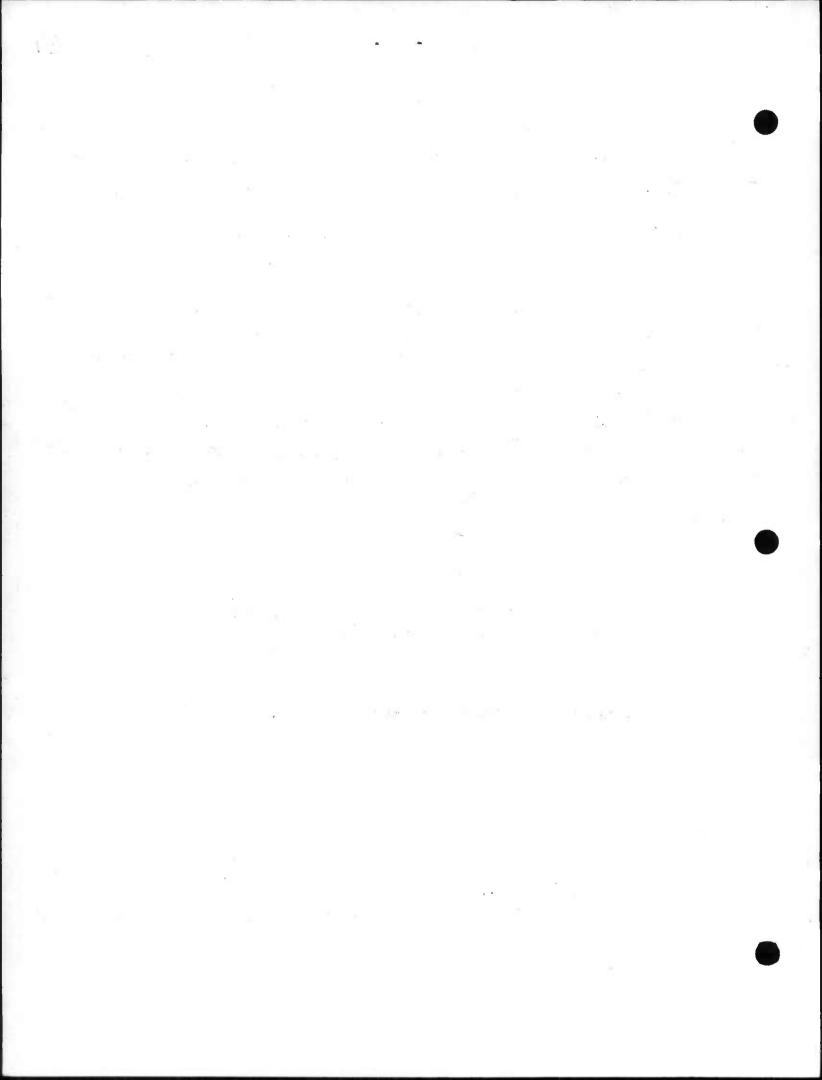
57.

SNOW HILL, MD. 21763



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR		CERTIFIC	CATE C	F DEATH	REG. I	NO.				
1. OECEDENT'S NAME (First, Middle, Last)	· V.				2. DATE OF DEATH	DAY	YEAR .	3. TIME OF DEATH		
	e KA	ne			Sept	7	1994	9:03 A. M		
4. SOCIAL SECURITY NUMBER () 5. SI 1 X	8. AGE (II	The same	FUNDER 1 YEA		7. DAYE OF BIRTH (Month, Day, Year 12-19-19	916	8. BIRTI Count	HPLACE (State or Foreign ry) WV		
9a. FACILITY NAME (If not institution, give street ar HAR FORD MPMOR	PIAL HOS	pital	96. CITY, TOV	ON OR LOCATION OF DE			INTY OF E	DEATH /		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10.000	717.07		CUNA C MANAGEM					
MD Hai	rford	10c. CITY,	Hay	re de Gr	ace			10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
100 Revolution S1 11. MARITAL STATUS 11. Never Married 2 X Married	4210			10f. ZIP CODE		10g. CIT		WHAT COUNTRY?		
100 Revolution St		II S ADMED	140,990	21078 DECENDENT OF HISPAI				SA		
3 Widowed 4 Divorced	1 ☐ Never Married 2 🛣 Married FORCES? 1 🛣 YES 2 ☐ NO IF YES, GIVE WAR OR DATES					Yea of No-	14. RAC Blac Spec	E — American Indian, k, White, atc. #y: White		
15. DECEDENT'S EDUCATION (Specify only highest grade complete to the complete		18a. DECEDENT'S U	SUAL OCCUP	ATION most of working	18b. KIND OF	BUSINESS/IN	DUSTRY			
Elementery/Secondary (0-12) Coll	ege (1-4 or 5 +)	Iffe. Do NOT usa	retired.)		A	- 0	1	0		
12 17. FATHER'S NAME (First, Middle, Last)		Part	s Mar		ME (First, Middle, Mail	_	ргу	Company		
	Kane				me (riist, middle, maid argaret	Schv	vank			
100 INFORMANT'S NAME (Topo (Print)	110110	19b. MAILING	DDRESS (Sine	et and Number or Rural						
Mr. Ronald G. Kane				h Lane, H				21078		
20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)	om State 20b.	PLACE AND DATE OF etery, cremetory or oth PTOP ME	disposition orial	Gardens	1	Aberd				
21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAMI Mite	and address of fa chell-Smitl	Funera	Home	e, P	.A.		
Miller - 32	The same			re de Gra		2107		.97		
23. PART i. Entar the diseases, pr compishock, or hasrt failurs. List of immediate CAUSE (Final disease or condition resulting in dasth)	Acut	ch lins.		mode bi dying, auc	it as cardisc or re	aprratory ar	rast,	Approximats interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated evants									
PART ii. Other aignificent conditions con	tributing to death bu	it not resulting in	the underi	ying cauas given in	PER	AN AUTOPSY FORMED?	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
	ITRIBUTE TO	CAUSE OF	DEATH	YES NO				1 YES 2 NO		
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH	SPITAL:			PLACE OF DEATH (Ch	eck only one)					
1 YES 2 NO	Inpatient 2 ER/Outpa		OTHER: I Nursing I	foma 5 🗆 Realdenca	8 Other (Specify)					
I I Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED			
2 Culate	28e. PLACE OF INJURY building, atc. (Special	At home, ferm, at	reet, fectory, o	ffice	28f. LOCATION (Stre City or Town, St		r or Rural i	Route Number,		
4 Homicide 8 Could not be determined 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: On								a) and manner se stated		
296. SIGNATURE AND TYPLE OF CERTIFIER	1	MID		29c. LICENSE NUI			/	Month, Day, Your		
36. NAME AND ADDRESS OF PERSON WHO CON	PLETED CAUSE DF DEA			won Ac	re. Ha	vne.	No	Graco		
31. DATE FILED (Month, Day, Year) SEP 0 8 1994	32. REGISTRAR'S SIGNA	TURE				1	10	.21070		
J.	(ar over the						DHMH-16 Rev 1//		



ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	FOR STATE REGISTRAR	STATE	OF MARYL	AND / DEPARTMENT CERTIFICATE	MENTAL	HYGIENE REG. NO.
1. 0	DECEDENT'S NAME (First, Middle, Last)	-	V	1_1	2. DATE (6 DEATH

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Mary E,	nott		2. DATE OF DEATH DAY	3. TIME OF DEATH G4 1225 gm
	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 1 M 2 DA	THE (In yrs. lest birthday) THE YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 27 19	a. BIRTHPLACE (State or Foreigh Country) Washington D.C
	9a. FACILITY NAME (If not institution, give atreet and number)	2 3 4	9b. CITY, TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF DEATH
9	Dorchester Hospital		Cambridge		Dorchester
<u>[</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY.	TOWN OR LOCATION		10d. INSIDE CITY
DIRECTOR	Maryland Dorchester		mbridge		LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		. CITIZEN OF WHAT COUNTRY?
N N	5608 Ross Neck Rd.		21613		United States
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 XNO Specify	an, Puallo Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	ISUAL OCCUPATION	16b. KIND OF BUSINES	SS/INDUSTRY
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.)		
MP	12	Secret	ary	P.G. Co.	Schools
8	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Malden Suma	
BE	Charles E. Garretson			lle E. Beatt	
P	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural		
	Raymond Knott		Ardleigh Court	Bowie Md.	20716
	20e. METHOD OF DISPOSITION 1 Description 1 Descriptio	cometery, cremetory of oth Cedar Hil			on – City or Town, State tland Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2001	Beall-Evans F	uneral Home,	P.A. Maryland 20715
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	TO PUS AS A CONSEQUENCE OF LYSIS U	monary &	imbolus	Interval Between Onset and Desith 9 4 94 94 94 94 94 94
	PART II. Other significent conditions contributing to deep	th but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED	
MEDICAL				1 YES 2 1	COMPLETION OF CAUSE
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER		OTHER:		
PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending 28a. DATE OF INJ. (Month., Day, Ye	JRY 28b, TIME	OF 28c. INJURY AT	28d. OESCRIBE HOW INJUR	Y OCCURED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF IN. building, etc.	JURY — At home, farm, st (Specify)	reet, factory, office	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my one)				CONTRACTOR OF THE PARTY OF THE
TO BE C	SHOWATURE AND TITLE OF CERTIFIER SUN S	ten 1	D3//	MBE9 8 290 ▶	S. DATE SIGNED (Month, Day, Year)
)	Budy C. Washington	SIGNATURE OF THE	8 Byrn St	rect, Cam	bridg MD216B
	SEP 0 9' 1994 Julie 1	avidson-Handel	52 0		0,

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the co	tendi	6
e death o	he attendi	ury, or
it the death o	by the attendi	/ Injury, or
that the death of	ned by the attendi	any Injury, or
uires that the death o	signed by the attendi	ws any Injury, or
requires that the death of	been signed by the attendi	shows any Injury, or
law requires that the death of	has been signed by the attendity Dept. of Health and Mental Hy	23 shows any Injury, or
V: The law requires that the death of	cate has been signed by the attendi State Dept. of Health and Mental Hy	Item 23 shows any Injury, or
ICIAN: The law requires that the death of	ertificate has been signed by the attendi the State Dept. of Health and Mental Hy	or Item 23 shows any Injury, or
HYSICIAN: The law requires that the death of	his certificate has been signed by the attendi with the State Dept. of Health and Mental Hy	ked, or Item 23 shows any Injury, or
G PHYSICIAN: The law requires that the death of	ter this certificate has been signed by the attendi ath with the State Dept, of Health and Mental Hy	narked, or Item 23 shows any Injury, or
NDING PHYSICIAN: The law requires that the death of	 After this certificate has been signed by the attendired r death with the State Dept. of Health and Mental Hy 	Is marked, or Item 23 shows any Injury, or
ATTENDING PHYSICIAN: The law requires that the death of	CTDR: After this certificate has been signed by the attendi after death with the State Dept. of Health and Mental Hy	28 Is marked, or Item 23 shows any Injury, or
DR ATTENDING PHYSICIAN: The law requires that the death of	DIRECTOR: After this certificate has been signed by the attendi ours after death with the State Dept. of Health and Mental Hy	tem 28 is marked, or item 23 shows any injury, or
TAL DR ATTENDING PHYSICIAN: The law requires that the death of	AL DIRECTOR: After this certificate has been signed by the attending the Dept. of Health and Mental Hy	If item 28 is marked, or item 23 shows any injury, or
SSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	INERAL DIRECTOR: After this certificate has been signed by the attendition 72 hours after death with the State Dept. of Health and Mental Hy	NT: If item 28 is marked, or item 23 shows any injury, or
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	E FUNERAL DIRECTOR: After this certificate has been signed by the attendit divithin 72 hours after death with the State Dept. of Health and Mental Hy	FTANT: If item 28 is marked, or item 23 shows any injury, or
THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAND			OF HEALTH		NTAL HYGIEN REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last)		-			2	DATE OF OEATH	IA.	YEAR	3. TIME OF DEATH
3	James G. Kell						9 3	3 9	14	8-30 Pm
- 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER	DAYS HOURS	R 24 HRS. 7.	DATE OF BIRTH	1922		PLACE (State or Foreign Sachusetts
	021-14-0348 9e. FACILITY NAME (If not Institution, give	1 € M 2 □ F 71	YRS.	187 1877						
œ	4750-A Flanders				Harwood	ION OF DEATI	н	Anne		eath indel
DIRECTOR	RESIDENCE OF DECEDENT	Lane			mai wood			mine		muci
RE(Maryland Ann	e Arundel	10c. CIT		R LOCATION					10d. INSIDE CITY LIMITS7
	, , , , , , , , , , , , , , , , , , , ,	- munder			Harwood					1 - YES 2 X NO
RAL	100. STREET AND NUMBER 4750-A Flande	ra Inno			10f. ZIP COD 207				J.S.	VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		ADMED	10.1						
	1 Never Merried 2 Merried	12. WAS OECEDENT EVER IN U.S. FORCES? 1 1 1 YES 2 1 IF YES, GIVE WAR OR DATES	NO	- 11	yes, specify Cube	en, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—	Biack	— Americen Indian, t, White, etc.
ВУ	3 Widowed 4 Divorced	WWII		'	TYES 2 X YNO	Specify:			Speci	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION 18e.	DECEDENT'S	USUAL OC	CUPATION furing most of worki	na	18b. KINO OF BUS	SINESS/INO		
Ë	Elementary/Secondery (0-12)	College (1-4 or 5 +)	life. Do NOT us	se retired.)						
MP	12 17. FATHER'S NAME (First, Middle, Last)		Stati	onary	Engine		Washing		lilto	on Hotel
	James G. Kello	aa Sr					(First, Middle, Maiden	Surneme)		ľ
띪	19e. INFORMANT'S NAME (Type/Print)	gg, 51.	19b. MAILING	ADDRESS			es Sears To Number, City or Town	n State 7in	Codel	
2	Claire A. Kello	gg					rwood, Ma			776
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	20b PLAC	CE AND DATE	OF DISPOSE	TION (Name of		OATE 20c 100	CATION - C	Tity or To	wn State
	4 Donetjón /5 D Other (Specify)	Met	ropol:	ikan ikan	Cremat	ory 9	/4/94 Ale:	xandr	ia,	Va.
	21. SIGNATURE OF FUNERAL SERVICE LI	ENGER /		/ 22. F	NAME AND ADDRE	SS OF FACILI	rs Funera			
	Heregy	XTA CIKA	W				Rd. Oxo			/d 207/45
	23. PART i. Enter the diseases, or	complications that caused that List only one cause on each it	desth. Do r	not snter	ths mods of dy	ing, such s	s cardisc or raspin	ratory arre	eat,	Approximsta
	IMMEDIATE CAUSE (Final	7					1 4			intarvsi Bstween Onset and Death
	disesse or condition reaulting in death)	. Metast	elic	Ca	run	ma	Prosta	ili		
		OUE TO (OR AS A CONS	SEQUENCE O	F):		1	1, Pelv			
CERTIFICATION	Sequantially list conditions,	b. OUE TO (OR AS A CON	SEQUENCE OF	0 C	ung,	ave	1, pew	va-		
CAT	if any, leading to immediate cause. Enter UNDERLYING	arterio	ocler	olic	Hear	et 0	weas	,		j l
Ĕ	CAUSE (Disease or injury that initiated evants	OUE TO (OR AS A CONS	SEOUENCE OI	F)a			3		1:	
H	resulting in death) LAST	a Froule	nl	upe	uden	t N	exbetis 1	new	elu	0
AL C	PART II. Other significant condition	is contributing to death but no	t resulting	in tha un	derlying causa	givan in Psi	rt I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	Kermana	ent Paces	rak	in			PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
							1 YES 2	X NO		DF DEATH?
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DE	EATH YE	S 🗆 N	10 UNC	ERTAIN				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL HOSPITAL:	ACE OF OEAT		only one)					
YSI	1 U YES 2 NO	1 Inpstient 2 ER/Outpetient	3 DOA	OTHER		esidence 6	Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIM INJ	E OF URY	28c. INJURY AT WORK?		d. DESCRIBE HOW IN	NJURY OCC	URED	
BY	2 Accident Investigation	28e. PLACE OF INJURY — At	home form	M drast fasts	1 YES 2	- 11	4 1 00471041 (0)	- 142 A	2 10	
8	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	nome, term, t	itteet, recto	ary, office	20	f. LOCATION (Street a City or Town, State)	na Number (or Hural H	oute Number,
9	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge	death assum	-d -4 45 - 41-		1445 His 196	ie verso, er es	7.5Y 12	0	
COMPLET		CIAN: To the best of my knowledge,								end menner ee stated.
	290 JANNETURE AND TITLE OF BEHTIFIE			_		ENSE NUMBE				(Month, Day, Year)
H	KAlle Conne	wehr Mr.	7		DO	7	287	▶ DATE	9-	4-94
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAME OF DEATH (I	TEM 27) (Type,	Print)		1			L	
	11418 LINNG	32. REGISTRAR'S SIGNATURE	Fort	t. 1	VAShing	don	, Md.	, 0	20	744
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	. מל	1,00	-		1	_		
	SEP 0 6 19	34 Guha Davids	er-Nave	مالال		_				

AMENDED #2, & 6, 9/20/94, CTW, P.G. County

	1 - STATE REGISTRAR		SIAIE UT I	MAHTLAND C		ICATE				NENIAL HYGIEN REG. NO.	Ė		
	1. DECEDENT'S NAME (First, M	fiddle, Last)		-						2. DATE OF DEATH			3. TIME OF DEATH
	John Robe	rt L	ong, Jr	•						8/26/94	Y	YEAR	5:51 AM
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		6, BIRTH	IPLACE (State or Foreign
	229-86-055	9	1 🔀 M 2 🗌 F	-42-41	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6 / 9 / 5-2-5	3	Counti	y) ginia
	9e. FACILITY NAME (If not instit	tution, give s	treet end number)			9b, CITY,	TOWN O	R LOCATIO	ON OF DE			NTY OF D	
DIRECTOR	Frederick	Memo		spital		Free						edeı	
EC		Ob. COUNTY			10c, CIT	ry, TOWN O	R LOCAT	ION					10d. INSIDE CITY
E	Maryland	Fred	lerick		Fr	eder	ick						LIMITS?
	10e. STREET AND NUMBER				1	CUCI		ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	180 Stonega	ate I	rive					2170			USA.		
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					- 11	yes, spe	ENDENT O	n, Mexicar	IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No—	Speci	E — Americen Indien, k, White, etc. //y: ack
ED	15. DECED (Specify only hi	ENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12		Coilege (1-4 or 5	+) <i>III</i>	Do NOT u				g	D = -1 !			
ME	17. FATHER'S NAME (First, Midd	dia (==d)		Sei	ITOL	Col	rec	-		Bankin			
	John Robe		I and C							ME (First, Middle, Maiden	Sumeme)		
BE	19e. INFORMANT'S NAME (Type		Long, 5							Fitts			
10	John R. Lon		r.							oute Number, City or Town		10 Code) 238	303
	200, METHOD OF DISPOSITION	N	U proces taesy.	20b. PLACE	AND DATE	OF DISPOSI						City or To	wn, State
	W∏Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (Sc		oval from State	cemetery.cm	ematory or o	other place)	m I	V		8/30/94	Di	nwi	ddie,Co,VA
	21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE	1223,11	1.4441	22. 1	AME AN	D ADDRES	S OF FAC	Latney'	c Fi	mora	1 Home
	1 Billie	Mas	and the	Ar.		3	831	Geor	aia	Avenue, N. W			
3	23. PART I. Enter the dise	saes, or c	ompilications the	causad the d	eath. Do	- 1							Approximate
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	rt failure.	Liet only one can	ise on aach iin	a.					exy v			Interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disesse or injury that initiated events resulting in desth) LAST	nte G	n de	(OR AS A CONSE	OUENCE O	F):							
	PART ii. Other significant	condition	s contributing to	death but not	resulting	in the un	derlying	COLLOG	dven in	Part i. 24a. WAS AN	ALITOBOV	Tass	. WERE AUTOPSY FINDINGS
MEDICAL	Shoonie			0164						PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
≥ :	DID TOBACCO	USE C	ONTRIBUTE	TO CAU	SE OF	DEAT	HY	る行	NO	<u> </u>			1 YES 2 NO
A	25. WAS CASE REFERRED TO M									ck only one)			
Sic	EXAMINER?	1	HOSPITAL:	ER/Outpatient :	3 TI DOA	OTHER	1:			8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIN		28c. INJU	JRY AT		28d. DESCRIBE HOW IN	JURY OC	CURED	
B⊀	T Condetti	noing restigation	00. BLACE 0	- M. M. M. M. M. M. M. M. M. M. M. M. M.		М		ES 2	NO				
TED		uld not be termined	building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fecto	ory, office			281. LOCATION (Street & City or Town, State)	nd Numbe	er or Rural F	Route Number,
COMPLETED										to the cause(e) end men time, date end place, end			e) end manner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF) 1	M5170	m	24.07	0.1.0		29c. LICE	NSE NUM カリ	BER 373	≥ 5	3/2	Day, Year)
	W7117	e m	0. n	7:110	200	D	8	24		11-11-11 E	Ac-	B	2 Hodox
	31. DATE FILED (Month, Day, Yea	400	32. REGISTRA	AS SIGNATURE	Manda	00_	-		1,000)	1.1	may
	SEP 08	1994	June	Total Labour									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pertruit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow after on the PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical experience.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	1	R	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	v	VEAR	3. TIME OF DEA	TH
	VELMA OLIVIA	A LOVE						AUG	31		1994	102	AM
	4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF B (Month, De)	IRTH (6. BIRTHE	PLACE (State or Fe	oreign
1	233-48-9354	1 🗌 M 2 💢 F	66	YRS.	- UATS	HOURS	serve.	OCT 15	, 19	927		INGTON,	D.C.
_	9s. FACILITY NAME (If not institution, give st				9b. CITY, TOWN					2.0	UNTY OF DE		
DIRECTOR	Holy Cross Ho	SPITAL			SILVER	- SPR	126	, MD		Me	NTGO	MERY	
E .	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	ION						10d. INSIDE CITY	,
HIC	N/A	N/A					ON,	D.C	•			LIMITS?	
	10e. STREET AND NUMBER				10	. ZIP CODE				10a. CI		HAT COUNTRY?	NO
ER/	916 EASTERN AV	VENUE, NE	E APT.	#3			019	9				S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1X	ER IN U.S. ARM	ED	13, WAS DEC	ENDENT OF I	IISPANI	C ORIGIN? (Sp	ecify Yes	or No-	14. RACE	- American Indi	en.
BY F	1 Never Married 2 Married	FORCES? 1X)			Mexican Specify:	, Puerto Rican	, etc.)		Black, Specifi	, White, etc.	-
	3 Widowed 4 Divorced	1.72 - 1.514										BLAC	K
TEI	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give	kind of v	USUAL OCCUPATION OF COMPANY OF CO	ON st of working		16b. KINI	OF BUS	INESS/IN	DUSTRY		
ZE	Elementary/Secondary (0-12)	College (1-4 or 5+) 3 YEARS			RATIVE	A CCT CT	דיו א אי	,	C	ומער	RNME	vim.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	TEARS	ADIT	MTO	IMILVE		_	IE (First, Middle			KINITE	N I	
		VOR				1		INIA		,	WELL		
BE	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	L							
2	KIRDELL MINOR	(BROTHER			BUNKER H								
	20s. METHOD OF DISPOSITION	Annual Control	20b. PLACE AN	DDATE	OF DISPOSITION (N	me of		DATE	_		- Cify or Tov		
	1 Donation 5 Other (Specify)	oval from Stals	SUBU	RBA	OREMA	TORY	9	/5/9	1 RI	VER	DALE	, MARYI	LAND
- 1	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0			D ADDRESS	OF FAC	ILITY					
	& Joseph A.C	Jankin .	(/2					UNERAI			ΔΡΥΤ.Δ	ND 2078	25
	23. PART I. Enter the diseeses, or	omplications that ce	used the dee	th. Do r								Approxim	
	shock, or heart fellure.	List only one ceuse	on each line.									Interval B	etween
	disease or condition resulting in deeth)	GENER	A11750	SE	0515 -	SERT	10	EMIA				4-51	Dave
	resenting in deetiny	DUE TO (OR	AS A CONSEOU	JENCE O			/	,			_	1	7413
Z	Sequentially list conditions,	DUE TO (OR	LOMATO	ا ک	ENTERDO	COLITIS	: ((CROHN	25 D	ISE	325		
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEOL	JENCE OI	7):								
일	CAUSE (Diseese or Injury	DUE TO (OR	AS A CONSEOL	IENCE O									
Ē	that initisted evente resulting in deeth) LAST	552 10 (511	AS A SONGEOU	LIVE O	,.							į	
B		1										1	
AL.	PART II. Other eignificent condition	s contributing to dee	eth but not re	suiting	n the underlyin	g ceuse give	en In F	Part I. 24s.	WAS AN		24b.	WERE AUTOPSY F	
8								_ 15	YES 2			COMPLETION OF O	
ME	DID TODACCO LICE	COLUMNIA	TO CALL	F 0	NEATH -	77-70-1-1	MA					1 YES 2	NO
Z	DID TOBACCO USE	CONTRIBUTE	TO CAUS	SE O	DEATH	1E2 []	NC	שנו					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	ACE OF DEAT	TH (Chec	ok only one)					
1YS	1 TYES 2 DANO 27. MANNER OF DEATH	1 N Inpatient 2 ER			4 Nursing Hon		_						
	1 Natural 5 Pending	(Month, Day, Y		28b. TIM	URY WO	PK? PK? PES 2 N	- 1	28d. DESCRIB	E HOW IN	IJURY OC	CCURED		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	JURY — At hom	e. Jerm. :				28I. LOCATIO	Street a	nd Numbe	e or Rumi Br	num Number	-
	4 Homicide Could not be	building, atc.	(Specify)		,			City or Tox		no manus	or rundr ric	Julio Profitoor,	ľ
COMPLETED	298. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my	koowledge dest		al at the time at the		44						$\overline{}$
MP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exami										and manner as a	hetet
	29b. SIGNATURE AND TUKE OF CERTIFICA												
BE	Musts	Kelle	MI	1		29c. LICENS	E NUMI	407		29d. DA	TE SIGNED	(Month, Day, Year)	24
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE C	OF DEATH (ITEM	27) (Tvpa	Print)	שעכ	<i>) </i>	17/		- 2	ואסי	0,17	1 (
)	•	, M.D. 10	IA II		DITAL	ST N.	6	lalne	4.1	DC	200	(0)	_
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE '	ادرور	.00.	-1, 100	<u>.</u>	MASI	4176		ou		
	SFP 0 7 199	4 grahar	vavidson-	Manta									

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	SIAIE UF	MARTLA	CERTIF					MENIA	REG. NO.	È		
1. DECEDENT'S NAME (First, Middle,					7	•		2. DATE	E OF DEATH	v	YEAR 3	. TIME OF DEATH
James Anthor	ny Latham								rust 30			6:45 P
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mon	OF BIRTH th, Qay, Year)	1040	8. BIRTHPL	ACE (State or Foreign
578-54-9461	1 X M 2 🗆 F		52 YRS.						ch pay, Year)	1942		ington DC
9a. FACILITY NAME (If not institution, 12200 Wheeling							ON OF DEA	ATH			TY OF DEA	eorge's
RESIDENCE OF DECEDEN				_ 0₽	per	I KAL L	2010			1111	ice G	- Solge B
ion. state lob. con laryland Pri	DUNTY Ince George	e's	10c. CFT	y, town ills	on Locat	TON						Dd. INSIDE CITY LIMITS? YES 2 NO
920 Kayak Ave					101	20 20	743				zen of whi ed Sta	at country? ates
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 TYES 2 NO If you IF YES. GIVE WAR OR DATES					ecify_Cube		, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACE — Black, V Specify: White	American Indian, White, atc.
15. DECEDENT'S (Specify only highest			18a. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON st of workin	na	18	b. KIND OF BUS	INESS/IND		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	efighter P.G. County								
17. FATHER'S NAME (First, Middle, Les James M. Lathar						18. MOTI	HER'S NAM	KOX	Middle, Maiden Day	Surname)		
19a. INFORMANT'S NAME (Type/Print)			7						nber, City or Town			
Johnna Latham								_	ary1and			
20a. METHOD OF DISPOSITION 1/2 Burlei 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of Sept 2, 1994 Congetery, cremation year other (Specify) Maryland Veterans Cemetery Cheltenham, Maryland												
22. NAME AND ADDRESS OF FACILITY DE FUNETAL HOME, Inc 6633 Old Alexander Ferry Road, Clinton, Md 20735												
23. PART . Enter the diseases shock, or heart fail	or complications the jure. List only one ca	at cauaed use on eac	the death. Do i ch line.	not enter	r the mo	de of dy	ing, such	aa car	diac or reapi	retory arr	eat,	Approximate Interval Batwean
iMMEDIATE CAUSE (Final disease or condition reaulting in death)		STE	20KB									Onaet and Daath
	DUE TO		CONSEQUENCE O									
Sequentially list conditions, if any, leading to immadiate	b. DUE TO	OR AS A	CONSEQUENCE O	NGE FI:	Œ RL	r D	1 (BA	AR				
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. OUE TO	OR AS A C	CONSEQUENCE O	E)-								
reaulting in death) LAST		,										
DARK II OM TOTAL	0.											
PART II. Other significant cond		death bu	t not reaulting	in the u	nderlying	g cause (given in F	Part I.	24a, WAS AN PERFOR	MED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
HYPBRT		/	<u> </u>					_	1 TYES 2	NO	OI	OMPLETION OF CAUSE F DEATH?
DIA BOTOS (DID TOBACCO USE eC			DEATH VI	·	NO E	111110	EDTAIN		ĺ		1	☐ YES 2 ☑ NO
25. WAS CASE REFERRED TO MEDIC			DEATH TI			UNC	ERTAIN					
EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHE	R:		enidence 8	□ Oth	en (Pagailis)			
27. MANNER OF DEATH	28e. DATE O	FINJURY	28b. TIN	E OF	28c. INJ	URY AT	reiderica e		SCRIBE HOW II	NJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investiga		Day, Year)	IN.	IURY M	1 🗌 Y	RK? 'ES 2 [NO					
3 Suicide 8 Could no 4 Homicide determin	building	OF INJURY - , atc. (Specif)	At home, farm,	street, fact	tory, office	1			CATION (Street a or Town, State)	nd Number	or Aurai Rout	te Number,
29a. CERTIFIER 1 CERTIFYING I	PHYSICIAN: To the best of	f my knowle	dge, death occurr	ed at the t	time, date	and place	, and due 1	to the ca	use(a) and man	nar as stet	rd.	
(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE OF CER	TIFIER				1	29c. LICE	ENSE NUMI	BER		29d. DATE	SIGNEO (M	onth, Day, Year)
Vinter	& Che	~ >	W			D	381	29		•	9-1-6	₹4
			,									

PISCATAWAY

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hia Davidson-Randall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.

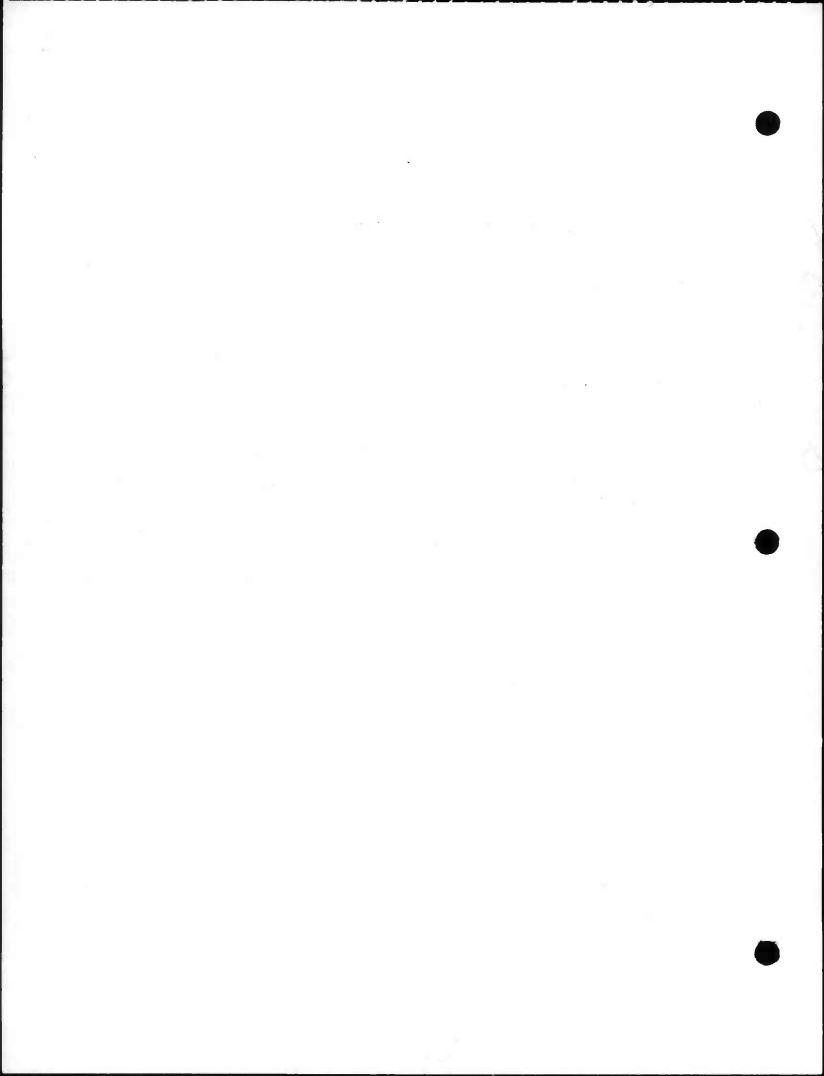
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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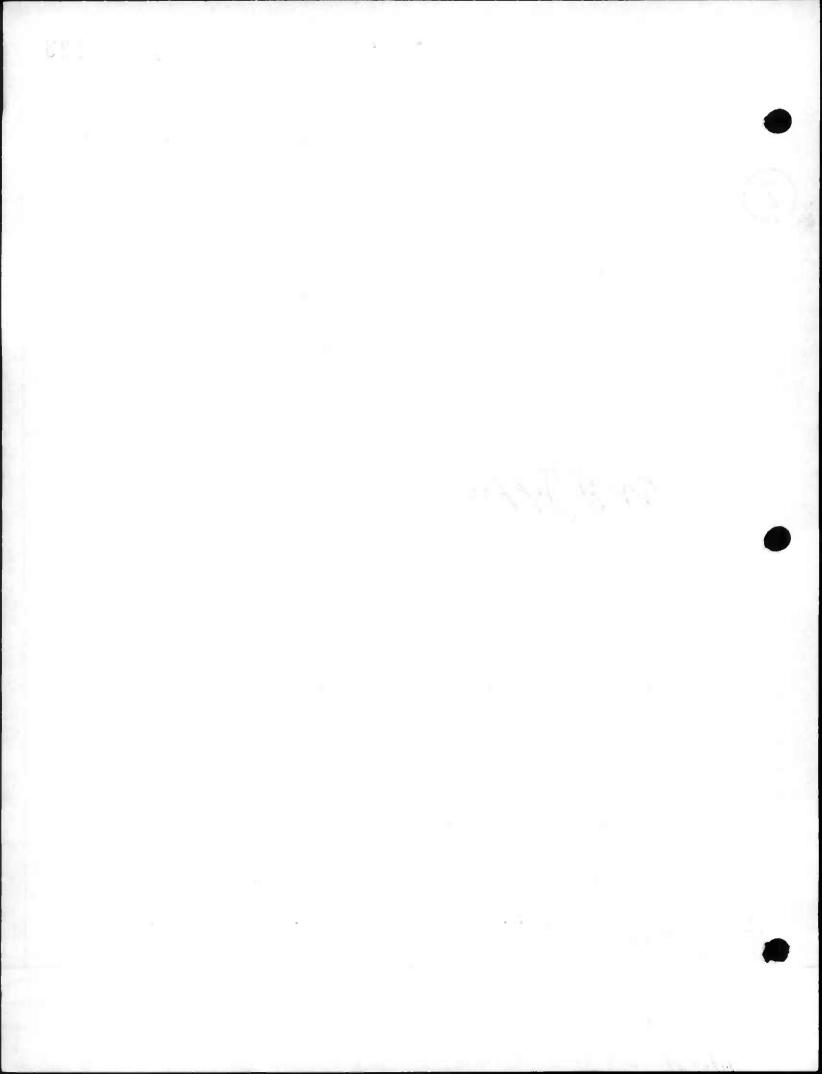


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-002	in ZF nours after death. Page 6 may be retained by the hospital or attending phy	by filled in by the funeral director, page 5 should be detached for use as the buration, or removal.	, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burbe filled within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEF	PARTMENT OF	HEALTH AND	MENTAL HYGIENE
CERT	IFICATE O	F DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTMEN'	T OF H	EALTH DEAT	AND M		YGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH		Werne	3. TIME OF DEATN
	JAMES	VERNON	MURPHY					Septer		2. 1	994	2:32 a M
	4. SOCIAL SECURITY NUMBER 579-03-8108		(In yrs. lest birthde	MONTHS	DAYS	IF UNDER		7. OATE OF B	HETH	02	6. BIRTH Countr West	PLACE (State or Foreign
	Se. FACILITY NAME (If not institution, give a			9b. CITY	r, TOWN C	R LOCATIO	ON OF DEA	ATH			NTY OF D	
5 E	Doctors Hospita	1			Lanh	am				Pri	nce	Georges
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		CITY, TOWN								10d. INSIDE CITY LIMITS?
ō				Washi	ngto	n, D.	.C.					1 🖾 YES 2 🗌 NO
RAL	100. STREET AND NUMBER 2008 16th St.,	NI LT			101	. ZIP CODE				10g. CITI		WHAT COUNTRY?
	11. MARITAL STATUS						0009				U.S.	
	1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	2.X NO		If yes, spe	ecify Cubin	n, Mexican	C ORIGIN? (Sp., Puerto Rican	pecify Yes , etc.)	or No-	Black	E — American Indian, c, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR ON O	ATES		1 TYES	24 NO	Specify:				Speci	™Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDEN	I'S USUAL O			a	16b. KIN	O OF BUS	INESS/IND	USTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)				·	D 1		T 1	
M	17. FATHER'S NAME (First, Middle, Last)		Б	arten	der		ale in the				Indi	stry
		ohn L. Murph	v					E (First, Middle Wither		Sumeme)		
BE	19a. INFORMANT'S NAME (Type/Print)			NG ADORES	S (Street a		_	oute Number, C		Chata 7in	Codel	
임	Hilton Murphy							Dalla				243
	20e. METHOD OF DISPOSITION 1 Buriel 2X Cremation 3 Rem	201	PLACE AND DAT	E OF OISPOS	SITION (Ne	me of	**	OATE		CATION —		
	4 Donation 5 Other (Specify)	cen	netery, crematory o	Lin	coln	Ceme	etery	9/6	Sui	tland	, Mo	1.
	21. SIGNATURE OF FUNERAL SERVICE LIC		400	22,	NAME AN	p ADDRES	Fune	ral Ho	ome			
	W.9.	figues	#642							N.W.,	Wash	ington,D.C.
	23. PART I. Enter the diseases, of a	complicatione that cause List only one cause on a	d the deeth. De	not enter	the mo	de of dyl	ng, auch	ee cerdiec	or reepi	ratory arr	est,	Approximate
	IMMEDIATE CAUSE (Fine)	clat only one cedae on e	ecn me.									interval Between Oneet end Death
	disease or condition resulting in death)	e. Sepsis										1 wk
CERTIFICATION	Sequentially list conditions,		10US BOU									3 wks
PAT	if any, leading to immediate cause. Enter UNDERLYING											3 wks
Ě	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):								3 10103
EH	resulting in death) LAST	d										
AL C	PART II. Other significant condition	e contributing to deeth t	out not recultin	g in the ur	nderiying	Ceuse Q	iven in P	art i. 24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	Congestive Heart	Failure, At	rial Fil	rillo	ition	1.			PERFORI			MAILABLE PRIOR TO COMPLETION OF CAUSE
핗	Dementia							_ ' -	160 2	140		OF DEATH?
ä								_				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DE	EATN (Chec	k only one)				
ĭ <u>S</u>	1 TYES 2 NO 27. MANNER OF DEATN	1- Inpatient 2 - ER/Outs		4 🗆 Nur	sing Nome		eldence 8	Other (Spe	ecity)			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY	28c, INJU	RK?		28d. OEŞCRIB	E NOW IN	JURY OCC	UREO	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, fern	1. street, fect		ES 2		28f. LOCATION	V (Street e	nd Alumbar	or Privat D	nuda Mumbar
	4 Nomicide 8 Could not be determined	building, etc. (Spec	cify)	,	,,			City or Tow	vn, State)	TO IVEINDE	or noral n	oute Namber,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my know	riedge death occu	error at the t	Ima data	and place	and due to	n the squarfel	and man			
N N		R: On the besis of examination										and menner es stated.
	206. SIGHATURE AND TITLE OF CERTIFIES	0.0					NSE NUMB					(Month, Day, Year)
B	Aut 1	-Citir	Dat				3100				/2/9	1,517
임	30. NAME AND ADDRESS OF PERSON WITH											
	Stuart Turkewitz	M.D. 7500	Greenu	vay Ce	nter	Dr.	#4	30 Gr	eent	elt,	MD	20770
	31. DASEP 10 1994	SZ. HEGISTRAP SISIGN	Alypandall	•								



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physician.	burial-transit	-
ttending	as the	
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS,	ľ
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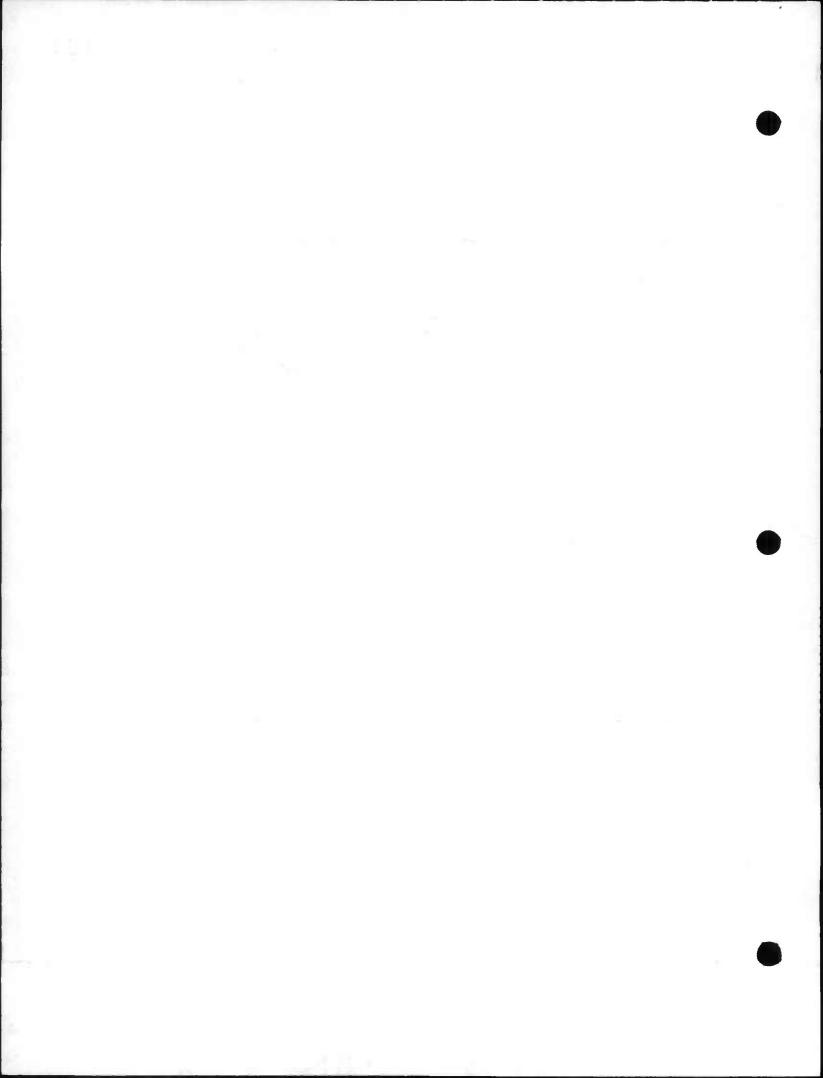
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

	REGISTRAN					IOATE		DEAL			REG. NO.			
	1. OECEOENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DA	Y	YEAR	3. TIME OF DEATH
1 1	Howard Da	-		Minor						Augus	t 31	. 1	994	2315 рм
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. la:		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTH	PLACE (State or Foreign
	235 22 7904		XXX M 2 F	73	YRS.					Aug.	8 19:	21	West	Virginia
_	9e. FACILITY NAME (If not Institution, give street and number)					9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH		
0	Malcolm Gro	w USAI	Med. Ce	nter		Ar	dre	ws Ai	ir Fo	orce B	ase	Pri	nce	George 's
입	10a. STATE	10b. COUNTY	r -		10c. CIT	Y, TOWN D	OR LOCAT	TION					I	10d. INSIDE CITY
DIRECTOR	Maryland	Princ	e George	t _e	F	Bowie								LIMITS? 1 Types 2 ND
	10e. STREET AND NUMBER	11111	e dedige	. 0	1 1	JOWIE	- Y	. ZIP CDDI	Ē			10g. CITI	ZEN DF W	HAT COUNTRY?
FUNERAL	3511 Morlo	ck Lar	ne .					207	715			Uni	tod	States
3	11. MARITAL STATUS	OR Bar	12. WAS DECEDEN	T EVER IN U.S. AF	RMED			ENDENT O	F HISPAN	IIC DRIGIN? (S			14. RACE	- American Indian.
BY F	1 Never Merried 2 🔀 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 1	ND			ecify Cubs		n, Puarto Rica	n, etc.)		Specif	, White, etc. ly:
						_				No		1		White
COMPLETED		EDENT'S EDU- y highest grade		(6	CEOENT'S live kind of a Do NOT us	work done	CCUPATIO during mo	ON st of workin	ng	16b. KJ	ND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0	⊢12)	College (1-4 or 5	·)	arto		ner							
M	17. FATHER'S NAME (First, M	iddle Leath			ur co	51 api						\ir F	orce	
			(d en - ee							ME (First, Mide		,		
H	Donley Wil		ITHOT	10	h MAILINO	ACCIDENCE	Ctemat a			Sarah Route Number,				
유	Dorothy Min			- 1						Bowie				715
	29s. METHOD OF DISPOSIT	ION		20b. PLACE	_				: [OATE		CATION —		715
	1 Buriel 2 Crematic	(Specify)	oval from State	cemetery, cre Mary	ematory or o	ther plece)			10 t 01				-	am, Md.
	21. SIGNATURE OF FUNERA			Titaly	Land			O ADDRES				CHEI	cenn	am, riu.
	V HOLONT	61	1171M	1 7	3					Tunera		•		
	22 DADT I Enter the d	<u> </u>	JULIU.		Us.	1	6000) Ann	apo]	lis Rd	. Bot	vie M	ld. 2	
	23. PART i. Enter the d ehock, or h	eart failure.	List only one car	ise on each line	eath. Do r e.	not enter	the mo	de of dyl	ng, eucl	h as cardiac	or reepi	ratory arr	est,	Approximate interval Between
	iMMEDIATE CAUSE (Fir disease or condition		M. 1+1 C	C		TATA	TTTITT							Onset and Death
	resulting in deeth)	→	. Multi-C	on as a conse			UKE							
		-	Myocard			,.								
CERTIFICATION	Sequentially list condit	iona,		(OR AS A CONSE										
SAT	if any, leeding to imme- cause. Enter UNDERLY	NG	Atheros	cleroti	c Dis	sease								
Ĕ	CAUSE (Diseese or inju that initiated events	"'		(DR AS A CONSE			-							
	resulting in death) LAS	T .	d											
	PART ii. Other significa	nt condition	e contribution to	death but not	re evilting	In the co	al antista		trans to	D-41 -				
1 - 1	TAIT II. Otto significa	out out out	outilibating to	death but not	ooulling .	ill the ur	iderlying	a cense (given in	Part I. 24	a. WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
181										1	YES 2	KND		OF DEATH?
EDICA														
MEDICAL					10									1 YES 2 ND
Σ	DID TOBACO		CONTRIBUT	E TO CAL	JSE O	F DEA] NO					1 YES 2 ND
Σ	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHE	28. PL	ACE OF D	EATH (Che	ock only one)			<u>_</u>	1 YES 2 ND
Σ	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	ER/Outpatient	DOA	OTHER	28. PL R: sing Hom	ACE OF D	EATH (Che	ock only one) 6 Other (S		HIEV O	Clinen	1 YES 2 ND
PHYSICIAN: M	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5	O MEDICAL Pending	HOSPITAL:	ER/Outpatient :	DOA 28b. TIM	OTHER	28. PL R: sing Hom 28c. INJ WO	ACE OF D	EATH (Che	ock only one)		NJURY OCC	CURED	1 YES 2 ND
BY PHYSICIAN: M	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending	HOSPITAL: 1 Inpatient 2 [28a. OATE OF (Month, L	ER/Outpatient : INJURY lay, Year)	DOA 28b. TIM	OTHER 4 Nur E OF URY	28. PL R: sing Hom 28c. INJ WO 1 1	ACE OF D O 5 Re URY AT ORK? YES 2	EATH (Che	6 Other (S	IBE HOW II			
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural S 2 Accident 3 Suicide 8	O MEDICAL Pending	HOSPITAL: 1 Inpatient 2 28a. OATE OF (Month, L) 28e. PLACE OF	ER/Outpatient :	DOA 28b. TIM	OTHER 4 Nur E OF URY	28. PL R: sing Hom 28c. INJ WO 1 1	ACE OF D O 5 Re URY AT ORK? YES 2	EATH (Che	D cck only one) 6 Other (S 28d. DESCR	IBE HOW II			
ETED BY PHYSICIAN: M	25. WAS CASE REFERREO TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 290. CERTIFIER 1 CERT	Pending Investigation Could not be determined	HOSPITAL: 1 1 2 Inpatient 2 In	ER/Outpatient : INJURY ay, Year) PF INJURY — At he atc. (Specify)	26b. TIM INJ	OTHER 4 Num E OF URY M street, fact	28. PL R: sing Hom 28c. INJ WO 1 1	ACE OF D o 5 Re URY AT PK? YES 2	eldence	ock only one) 6 Other (S 28d. DESCR 281. LOCATH City or 1	ON (Street a lown, State)	and Number	or Rural R	
ETED BY PHYSICIAN: M	25. WAS CASE REFERREO TO EXAMINER? 1 YES 2 AND 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be datermined	HOSPITAL: 1 1 2 Inpatient 2 In	ER/Outpatient : INJURY ay, Year) FINJURY — At he atc. (Specify) my knowledge, do	26b. TIM	OTHER 4 Num E OF JURY M street, fact	28. PL R: sing Hom 28c. INJ WO 1 1 1 tory, office	ACE OF D o 5 Re URY AT PRK? YES 2 a end place	eldence NO	ock only one) 6 Other (S 28d. DESCR 281. LOCATIC City or 1	DN (Street abown, State)	and Number	or Rural R	oute Number,
ED BY PHYSICIAN: M	25. WAS CASE REFERREO TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MED	Pending investigation Could not be datermined	HOSPITAL: 1 1 Inpatient 2 28a. OATE OF (Month, L 28e. PLACE C building, CIAN: To the best of a	ER/Outpatient : INJURY ay, Year) FINJURY — At he atc. (Specify) my knowledge, do	26b. TIM	OTHER 4 Num E OF JURY M street, fact	28. PL R: sing Hom 28c. INJ WO 1 1 1 tory, office	ACE OF D TO S Re URY AT PK? YES 2 end place	eldence No No No No No No No No No No No No No	281. LOCATII City or 1	DN (Street abown, State)	ind Number	or Rural R	oute Number,
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If any, leading to immediate

cause. Entar UNDERLYING

DIRECTOR

BE COMPLETED BY FUNERAL

2

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p.	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	PORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must I

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FOR STATE REGISTRAR		STATE OF N				F HEALTH AND OF DEATH	MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last) HAR	LOT	TE	11	CM	ANAMEN	MP	TE OF DEATH	4-19	YEAR 794	3. TIME OF DEATH 7 M
4. SOCIAL SECURITY NUMBER 568-32-4182 5. SEX 1 □ M 2 ◯XX 75				last birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DAT	re of Birth onth, Day, Year) ine 30, 1	.919	O. BIRTH	PLACE (State or Foreign y) INSAS
SOUTHERN MAY AND HO RESIDENCE OF DECEDENT				PITAL	9b. CITY, TO	NOR LOCATION OF D	DEATH		-	NTY OF DI	EATH = GEONBES
Maryland	Princ	r ce George	a's		town or i	arlboro					10d. INSIDE CITY LIMITS? 1 YES 2 NO
9205 Fair	haven	Ave				10f. ZIP CODE 207	72		-		otates
11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				II yes, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc.							
	EDENT'S EDUC y highest grade (-12)			life. Do NOT use	ork done duri	IPATION ng most of working	1	HOME	INESS/IND	USTRY	
17. FATHER'S NAME (First, M Frank Ray								t, Middle, Maiden S ine Hamp	,		
Paul McMan						aven Ave,		er Marlb	oro,	Md 2	
20a. METHOD OF DISPOSITI	(Specify)		20b. PLA cemetery. Res	PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State ory, Crematory or giver place) Surrection Cemtery Sept 3,1994 Clinton, Maryland							ryland
21. SIGNATURE OF FUNERA	L SERVICE LIC UE.	Mars (las			ME AND ADDRESS OF FA					•
23. PART I. Enter the shock, or he IMMEDIATE CAUSE (Fir	aart faliura.	List only one cau	ase on each I	lna.							Approximata interval Batween Onset and Death
disease or condition	+	OUT TO				(AC					Office and Death
Sequentially list conditi	Iona,	b. COKO	MAR (OR AS A CON	SEQUENCE OF	THE	ri sclen	107	1c H	EM	7950	•

CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

OUE TO (OR AS A CONSEQUENCE OF)

ARTERIOSCLEROSIS

24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO

DF DEATH?

DID TOBACCO USE C	CONTRIBUTE TO CAUS	SE OF DEA	TH YES NO		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL		28. PLACE OF DEATH (C)	eck only one)	
1 PES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3	DOA 4 No	FR: ursing Home 5 ☐ Residence	6 C Other (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	EO

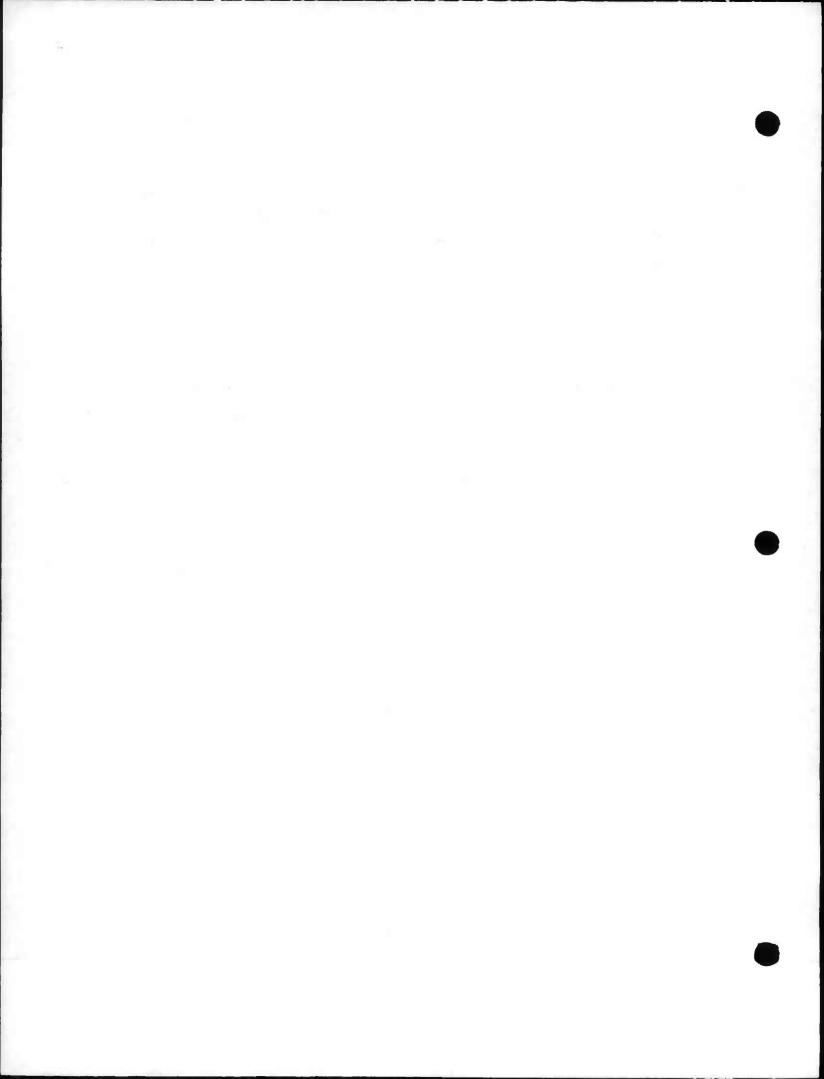
28a. PLACE OF INJURY — Al home, farm, streel, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER B 8-2,0-MD 578

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DANILO LEE

0 40 AVENUE BEANCH 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP 0 7 1994 a Davidson-Randall



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BALTIMORE, MARYLAND 21215-0020	9	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	- FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. OECEDENT'S NAME (FIST, MIDDIE, LIBST) LPSHUR H. MATTHEWS 2. DATE OF OEATH PAY 19947 4:30 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 1
TOR	96. FACILITY NAME (II not institution, give street and number) 305 BEAGLIN PARK DR. SALISBURY 96. COUNTY OF GEATH WICOMICO RESIDENCE OF DECEDENT
DIRECTOR	100. STATE MARYLAND 10b. COUNTY SALISBURY 10d. INSIDE CITY LIMITS?
FUNERAL	305 BEAGLIN PARK DRIVE 31801 10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, apecify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indien, Black, White, atc. 15. YES 2 NO Specify: 16. Specify: 17. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, apecify Cuben, Mexicen, Puerto Rican, atc.) 18. RACE — American Indien, Black, White, atc. 19. YES 2 NO Specify:
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+)
COMPLET	8 Painter & Salesman
BE CO	SYLVANEOUS MATTHEWS CLARA SHREAVES
10	198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Pural Pougle Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Pural Pougle Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Pural Pougle Number, City or Town, State, Zip Code)
	20e. METHOO OF DISPOSITION 1
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Doott S. Melson POBOX 64, Pocomoke, Md. 21851
	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CATC / NO M 4 0 F 1115 L V 4/3 DUE TO (OR AS A CONSCOUENCE OF):
NOI	Sequantially list conditions, If any, laeding to immediate D. OUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
CERT	resulting in desth) LAST
4	PART II. Other significent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS ANALIDESY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE
MEDIC	
	1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATN (Check only one)
YSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO OF DEATH? 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1 YES 2 NO OF DEATH. 1
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF OEATN (Check only one)
ED BY PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATN (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF OEATN 28. OATE OF INJURY 28b. TIME OF 28c. INJURY 27 WORK?
ED BY PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATN (Check only one) 27. MANNER OF OEATN 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28. OATE OF INJURY 1 Netural 5 Pending Investigation 29. Certifier 4 Homicide 8 Could not be determined 28. PLACE OF OEATN (Check only one) 28. OATE OF INJURY (Month, Dey, Year) 28. DIME OF INJURY WORK? 1 YES 2 NO 28. OESCRIBE NOW INJURY OCCURED 28. LOCATION (Street end Number or Rural Route Number, City or Town, State)
BY PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF OEATN (Check only one) 28. PLACE OF OEATN (Check only one) POST HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Recidence 6 Other (Specify) 27. MANNER OF OEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 VES 2 NO 28e. PLACE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 VES 2 NO 28e. PLACE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 VES 2 NO 28e. PLACE OF INJURY 28b. TIME OF INJURY 28d. OESCRIBE NOW INJURY OCCURED 28d
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF OEATN (Check only one) POSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Recidence 6 Other (Specify) 27. MANNER OF OEATN 1 Netural 5 Pending Investigation 28e. OATE OF INJURY (Month, Dey, Year) 28e. OATE OF INJURY 28b. TIME OF INJURY WORK? 29e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF OEATN (Check only one) 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28e. CERTIFIER (Check only one) 28e. CERTIFIER (Check only one) 28e. CER
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? YES 2 NO NO

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF			3. TIME OF DEATH
	Edgar	ſ.,	Nev	450ME	2	MONTH	when T	100 L	1910 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF	TUC!	1777	IPLACE (State or Foreign
	214-32-1241	1 M 2 F	62 YRS.		YS HOURS MIN.	(Month, Di	ev Munch	Count	(7)
	9e. FACILITY NAME (If not institution, give	42	02			3/25/			ginia
œ					WN OR LOCATION OF I	EATH	9c	COUNTY OF	DEATH
0	Peninsula Region	nal Medical	l Center	Salis	sbury			Wico	mico
DIRECTOR	10e. STATE 10b. COUNT	ry	100 (1)	TY, TOWN OR L	OCATION				
	1000000								10d. INSIDE CITY LIMITS?
	Maryland Some	erset	Poc	comoke					1 TES 2 XNO
Z.	1				101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
ÿ	7510 Dividing Co				21851			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or N	to- 14. RAC	E — Americen Indian, k, White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		s, specify Cuban, Mexic YES 2 XNO Spec		in, etc.)	Spec	ity:
		Korear	1						White
Ē.	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S	USUAL OCCU	PATION og most of working	16b. KII	NO OF BUSINES	SS/INDUSTRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)					
₽ V	12		Welder						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	AME (First, Midd	lle, Maiden Sumi	ame)	
BE (Robert L. Newson	ne			Hatti	e Franc	ce		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rura			ate, Zip Code)	
임	Nancy M. Newsome				ng Creek R				01.051
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE		ON — City or To	
	1 XBuriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, crematory or o	ther placel					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	First Bapt	IST CE	METERY IE AND ADDRESS OF F	9/10	Pocor	moke, 1	1d.
	0 -0	10.00			son Funer		2		
_ 1	Deous.	Melso	~		BOX 64, P			21851	
- 1	23. PART i. Enter the diseases, or								
	the state of the s	complications that co	eused the death. Do	not enter the	mode of dying, au	ch as cardiec	or respirator	ry arreat,	Approximete
J	anock, or haart failure.	List only one cause	on each line.	not enter the			or respirator	ry arreat,	intarval Between
	iMMEDIATE CAUSE (Finel disease or condition	List only one cause	on each line.	not enter the			or respirator	ry arreat,	
	iMMEDIATE CAUSE (Fine)	Far at	on each line.	not enter the			or respirator	ry arreat,	intarval Between
	iMMEDIATE CAUSE (Finel disease or condition	List only one cause	on each line.	not enter the	mode of dying, au		or respirator	ry arreat,	intarval Between
NO	iMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions,	a Fall of	on each line.	not enter the			or respirator	ry arreat,	intarval Between
ATION	immediate cause (Fine) disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate	a Fall of	on each line.	not enter the			or respirator	ry arreat,	intarval Between
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with...

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

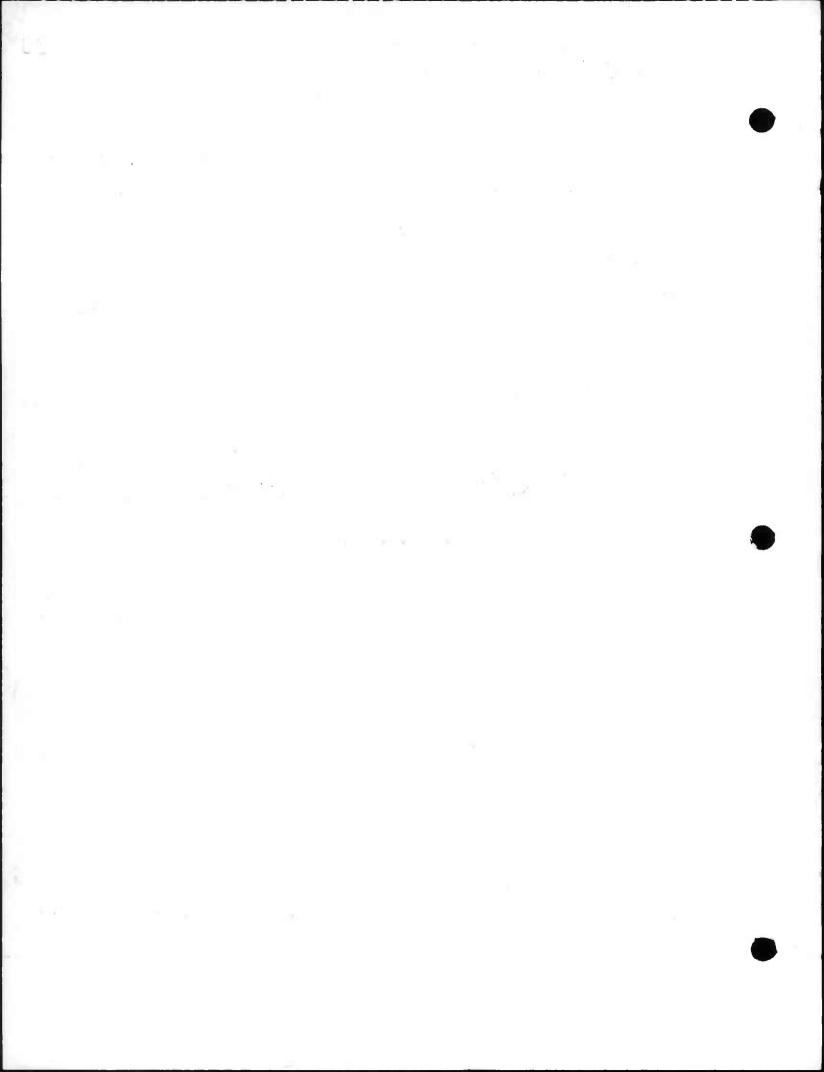
MOT

FOR 1 - STATE REGISTRAR	STATE STATE OF MANTILAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE														
1. DECEDENT'S NAME (First		Nyarko				2. DATE OF DEATH			3. TIME OF DEA	ITN					
ERIC K. M.				NXARHO				SEPT 06 1994			8:32	Ам			
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (Ir	n yrs. last		F UNDER 1		IF UNDER	_	7. DATI	E OF BIRTN		a. BIRTI	IPLACE (State or F	Foreign
214-19-7640)	1 🔀 M 2 🗌 F		17	YRS.	ONTHS	DAYS	HOURS	MIN.			1976	Wash	mington,	D.C.
90. FACILITY NAME (If not in	nstitution, give s	reet and number)		_	9	b. CITY, T	OWN (OR LOCATI	ON OF O			-	INTY OF E		
LAUREL RI	EGIONA	AL HOSP	ITAL			LAUF	REI			PRINCE				E GEORG	GES
10e. STATE	10e. STATE 10b. COUNTY 10c. CI				10c. CITY,	Y, TOWN OR LOCATION 10d. INSIDE					10d. INSIDE CIT	Υ			
Maryland	Montg	omery			Silve	ver Spring 1X yes 2						LIMITS?	NO		
10e. STREET AND NUMBER							_	. ZIP COD	E			10g. CI	IZEN OF	WHAT COUNTRY?	
2533 Countr	yside :	Drive						2090	5				USA		
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARM	MED	13. WA	S OEC	ENDENT C	OF NISPA	NIC ORIG	IN? (Specify Yes		14, RAC	E — American Ind	llen.
1 Never Married 2		FORCES?			0	If y	es, sp		m, Mexica	nn, Puerto	Ricen, etc.)		Blac	k, White, etc.	
3 Widowed 4 Dive	orced					''		1 23 110	Opeca	y.			Spec	Black	
15. DEC	EDENT'S EDUC	CATION COGRAPHED		18e. DEC	EDENT'S US	UAL OCC	UPATIO	ON		18	b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5	+)	life.	e kind of wor Do NOT use i	etired.)	ing mo	St of workir	rg						
12		0			Stud	ent					Schoo	1			
17. FATHER'S NAME (First, N	fiddle, Last)							16. MOTI	NER'S NA	ME (First,	Middle, Meiden	Sumame)			_
Edward Nyar	ko							G1	adys	орс	oku				
19e. INFORMANT'S NAME (Type/Print)			19b.	MAILING A	DORESS (S	Street e				nber, City or Tow	n, Stete, Z	p Code)	2	0905
Edward Nyar	ko													[aryland	0903
20e. METNOD OF DISPOSIT			20b.	PLACE AI	ND DATE OF	DISPOSITI	ON /Na	ame of		DA	TE 20c. LO	CATION -	City or To	wn. State	- -
1 ⊠ Buriel 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other		oval from State	ceme	etery, crem	natory or other	r place)			C 3.7	1				g, Mary	land
21. SIGNATURE OF FUNERA		EMSER	1 Ga	LE C	ne a	22. NA	ME AF	ND ADORE	SS OF FA	CILITYH	ines-R	inal	PLIII	neral H	Ome
* Xhlu	· OK	inalds-				118	00	New	Ham	pshi	re Aver	nue	0904	inclai ii	ione
23. PART I. Enter the d	laaaaea, or c	omplicationa the	t caused	tha daa	ith. Do not	anter th	a mo	da of dy	ng, suc	h aa ca	rdiac or reap	ratory a		Approxim	nata
IMMEDIATE CAUSE (Fit		Liat only ona car	ise on aa	ich lina.										Interval E	
disease or condition	-	COR	ONARY	ARTE	RY HYP(DPL AS1	Α							0.1300 211	o Douth
reaulting in death)					UENCE OF):										
														j	
Sequentially list condit if any, leading to imme		OUE TO	(OR AS A	CONSEC	UENCE OF):									-	
cause. Enter UNDERLY	ING														
CAUSE (Disease or injuthat initiated eventa	ity)	OUE TO	OUE TO (OR AS A CONSEQUENCE OF):												
resulting in death) LAS	ET .														
PART II. Other aignifica	ent condition	s contributing to	daath bu	it not re	auiting in	the unde	riyin	g cause g	given in	Part I.	24e, WAS AN PERFOR		24b	WERE AUTOPSY F	
									1 YES 2		□ NO	OCHEN ETION OR A			
								1 YES 2	NO						
DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF	DEAT	H YES) [UNC	ERTAI	N 🗆					
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL		2	6. PLACE	OF OEATN		y one)								
1 YES 2 NO		HOSPITAL:	ER/Outpar	itlent 3		THER:	a Nom	e 5 🗆 Re	eldence	6 Oth	er (Specify)				
27. MANNER OF OEATN	27. MANNER OF OEATN 286. OATE OF INJURY 286. TIME OF 286. INJURY AT 286. OESCRIBE NOW INJURY OCCURED														
	1)([X] Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO														
2 Accident averagement 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office 28t, LOCATION (Street and Number or Burel Boute Number)															
4 Nomicide determined building, etc. (Specify) Substitute of the control of the															
29e. CERTIFIER (Check only (Ch															
(Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, dearn occurred at the time, date and place, end due to the cause(e) and menner ea stated. 2 MEDICAL EXAMINER: On the basic of my knowledge, dearn occurred at the time, date and place, end due to the cause(e) and manner ea stated.															
		00.1	1	-market HI	. Jenganon,	my opin	auri, d				e and piace, en				
29c. LICENSE NUMBER O.C.M.E. 29d. DATE SIGNED (Month, Day, Year) SEPT. 07, 1994															

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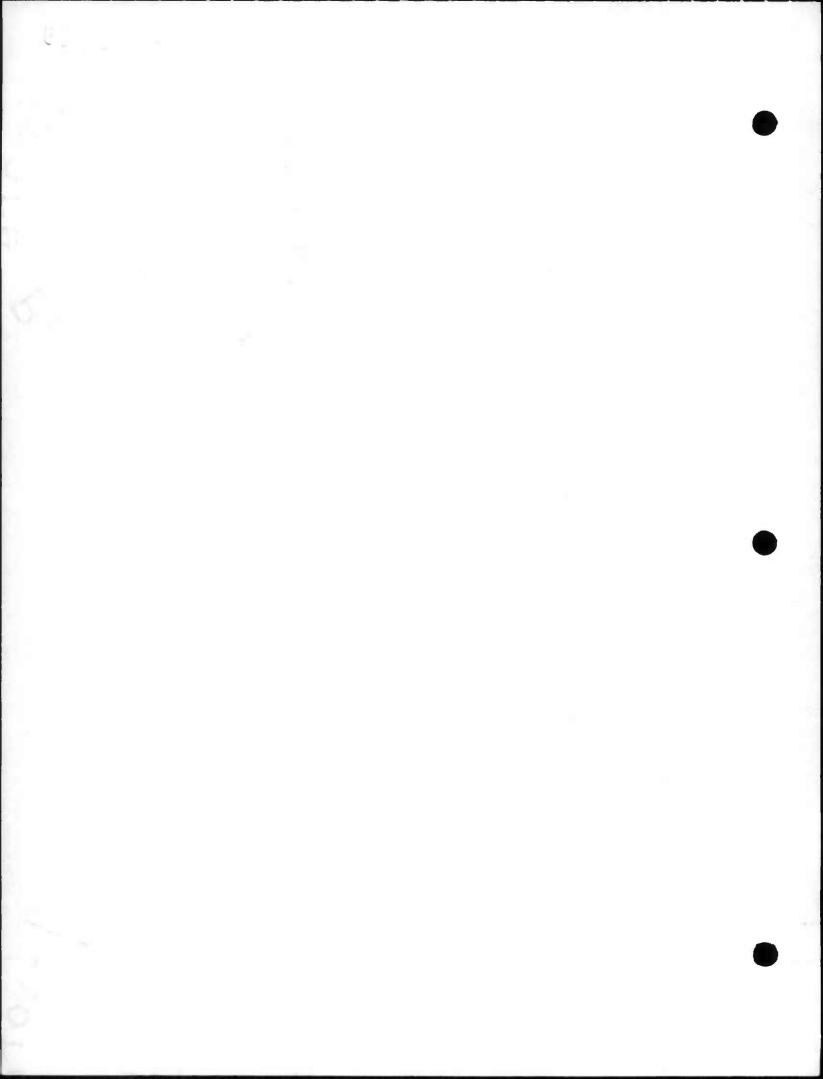
OHMH-16 Rev 1/89

Penn Street, Baltimore, Maryland 21201



	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH						
	WILLIAM ANDREW	A			MONTH D	- 4Z	AR 7					
	4. SOCIAL SECURITY NUMBER 5.			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign				
	577-30-1189	56 YRS. MO	THS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 16.		Vashington, DC					
	9a. FACILITY NAME (If not institution, give street	and number)	96	CITY, TOWN C	R LOCATION OF D		9c. COUNTY					
DIRECTOR	Greater Laurel Beltsville Hospital Laurel Prince Georgesidence of December 1											
RE	10a. STATE 10b. COUNTY		ION	10d, INSIDE CITY LIMITS?								
	Maryland Prince	George's	Coll	ege Pa	rk			1 X YES 2 NO				
A	10a. STREET AND NUMBER		ZIP CODE	10g. CITIZEN OF WHAT COUN								
ij	6125 Ruatan Street				20740	Α.						
FUNERAL		. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No— 14. RACE — American Indian, Black, White, etc.					
BY 1	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specif	y:	Specify: White					
	15. DECEDENT'S EDUCATI	ON	40. 0505051110.110	1			<u> </u>					
TE	(Specify only highest grade corr	npleted)	(Give kind of work life. Do NOT use rel	done during mo:	N st of working	16b. KIND OF BUS	SINESS/INDUST	RY				
2	Elementary/Secondary (0-12) C	College (1-4 or 5+)	Glazier	,,,		Constr	uction					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Oldziel		16 MOTHED'S NA	ME (First, Middle, Maiden						
	Roy Andrew Puceta				Mildred		Surname)					
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street a		Route Number, City or Tow	n State 7in Con	10)				
2	Betty L. Puceta							yland 20740				
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF D	SPOSITION /No	me of	DATE 20c 10	CATION - CIty	or Town State				
	t Burial 2 N Cremation 3 Removal	from State cem	etery, crematory or other p	olace) Crema	tory 9/4	1/94 116	vandri	a, Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE O	or operation.	22. NAME AN	D ADDRESS OF FA	CILITY						
	► Clearly F.	Beg 11				's Sons Fu						
	23. PART I. Enter the diseases, or com	inlications that caused	the death Do not	4/39	Baltimor	e Ave., Hy	attsvi	11e. MD 20781				
	shock, or heart fallure. List	only one ceuse on e	ach lina.	sinter the mo	ze or dying, suc	in ea cerdiec or respi	ratory erreet,	Interval Between				
	IMMEDIATE CAUSE (Final disease or condition)											
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF:									
-	OUR TO (UM AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	disease or condition resulting in death) a. RESPIRATORY FACLURE DUE TO (OR AS A CONSCOUENCE OF): CARCINOMA LUNCA DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):										
SAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
Ĕ	thet initiated evente	DUE TO (OR AS	CONSEQUENCE OF):	1		(0)						
	resulting in deeth) LAST											
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
CAL				io unactivity	occoo given in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ED						1 _ YES 2	□ NO	OF DEATH?				
Σ	DID TORACCO USE CO	NITRIBUITE TO	CALICE OF F	SEATTLE N	TC = 11			1 YES 2 NO				
PHYSICIAN: MEDIC	DID TOBACCO USE CC	NIKIBUIE IO	CAUSE OF L		ES NO							
딣	EXAMINER?	OSPITAL: ∠ Inpetient 2 □ ER/Outp		THER:								
ΞI	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF			6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	FD				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO							
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, ferm, stree	t, factory, office)	28f. LOCATION (Street a	and Number or F	Bural Route Number,				
Ë	4 Homicide determined	building, atc. (Spec	eny)			City or Town, State)						
٦	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowl	ledge, death occurred at	the time date	and place, and due	to the owner(n) and men	mar on stated					
COMPLETED								use(s) and manner as atsted.				
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI							
R		Ann	0		DI3	4 4	DATE SI	GNED (Month, Day, Year)				
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	it)	VIJ	400	1-	5-17				
)	AZHER HUSSA		4917, ED	GE WO	OD RD	College	px 14	D 20740				
	SEP 0 7 1994	32. HEGISTRAR'S SIGN.	ridson-Randal	e.								

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	VISICIAN: The law requires that the death certificate be executed within fours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran into Brate. Onet, of Health and Mental Hodene orior to burial, cremation, or removal.
	ours after death	ed in by the fundor or removal.
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OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within	been signed by the attending physician and completel
JE VITAL	YSICIAN: The la	s certificate has

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After death DR ATTENDING

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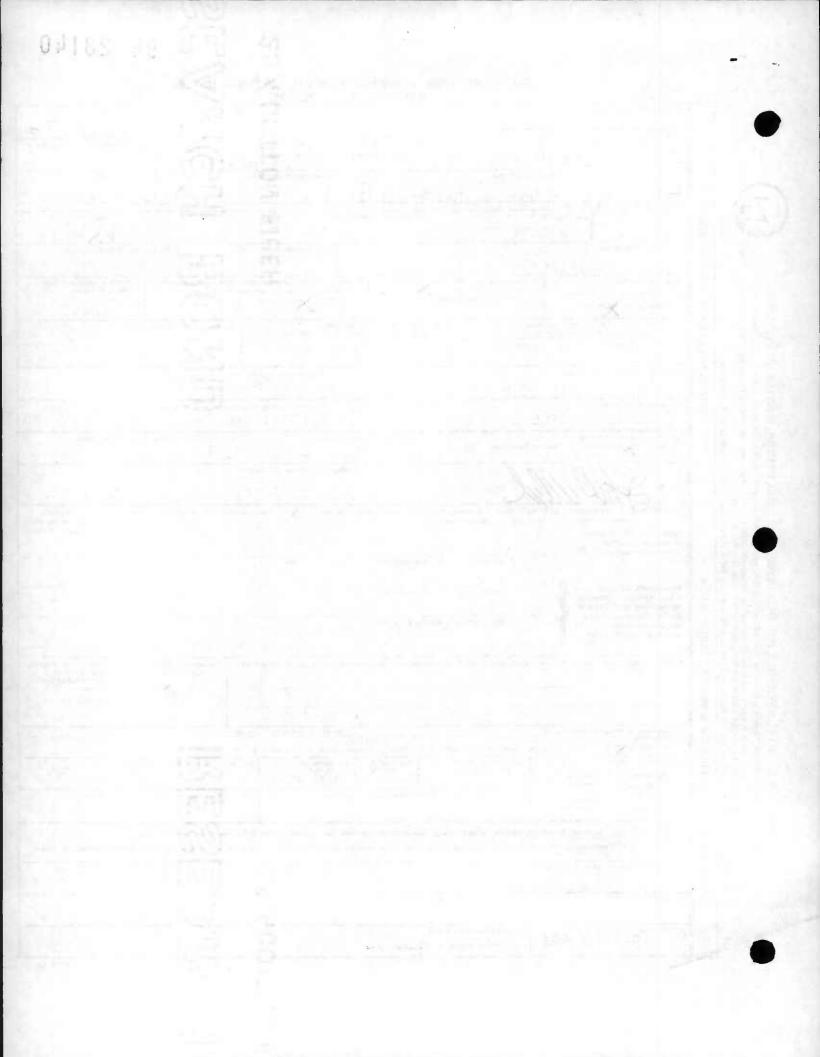
32. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH MONTH BARBARA M. PAYLOR 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 08-16 5-46-035 1 - M 2 XF 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 05 J Worcestiv RESIDENC 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mp. WORCESTER OCEAN CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13334 CONSTITUTIONAL AVE. 21842 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ndary (0-12) College (1-4 or 5+) OWN HOME HOMEMAKER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN J. MACCALLUM MAE WERNER BE notified a 19a. INFORMANT'S NAME (Type/Print) JOHN J. MACCALLUM 13334 CONSTITUTIONAL AVE. OCEAN CITY, MD pe 20s. METNOD OF DISPOSITION
1 | Burlel 2 Cremation 3 | Removal from State
4 | Donation 5 | Other (Security) 20c. LOCATION — City or Town, State DATE 20b. PLACE AND DATE OF DISPOSITION (Name of must 9-1 SAL ISBURY CREMATORY SALISBURY MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY ULLRICH FUNERAL HOME BERLIN, MD. 23. PARTY Enter the diseases, or complicatione that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) Medmonil 1 week event, DUE TO (OR AS A CONSEQUENCE OF): circhosis traumatic yelor CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL any 1 TYES 2 NO OF DEATH? shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** HOSPITAL:
130 Inpatient 2 DER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Netural 5 Pending м 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is is 28 is 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 97

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 YEAR SEPT 06 ELVIRA JULIE AUGUSTE PLANT 9:10 Р 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 K F 271-56-9055 YRS 56 9-26-1937 Germany 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE FREDERICK CALVERT MEMORIAL HOSPITAL CALVERT RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Calvert Prince Frederick 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4417 Cassell Blvd. 20678 Germany 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced white E 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondery (0-12) College (1-4 or 5 +) Retail Sales 4 Antiques 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Alfred notified at Heller Martha Anna 띪 Dworak 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Lawrence R. Plant same as # 10 above pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must DATE MD Veterans Cemetery 9/12/94 Cheltenham, medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, PA, Owings, MD removal. 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heert feilure. List only one cause on each line. **Approximate** intervat Between **IMMEDIATE CAUSE (Final** Onset end Death cremation, Item 23 shows any injury, or other traumatic event, the diseese pr condition Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEDUENCE OF): nding physician and con Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the attend Mental H PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Health and I AVAILABLE PRIOR TO _Diabetes Mellitus COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? INOUÎRY 1XXYES 2 - NO of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State I **EXAMINER?** OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) the (5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED is marked, with C INJURY 1 Natural М 1 YES 2 ND B Investigation After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED after 28 4 Homicide DIRECT hours a Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best arms knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 hr and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and menner as stated. BIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yeer H O.C.M.E. SEPT.07,1994 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Javales Randall

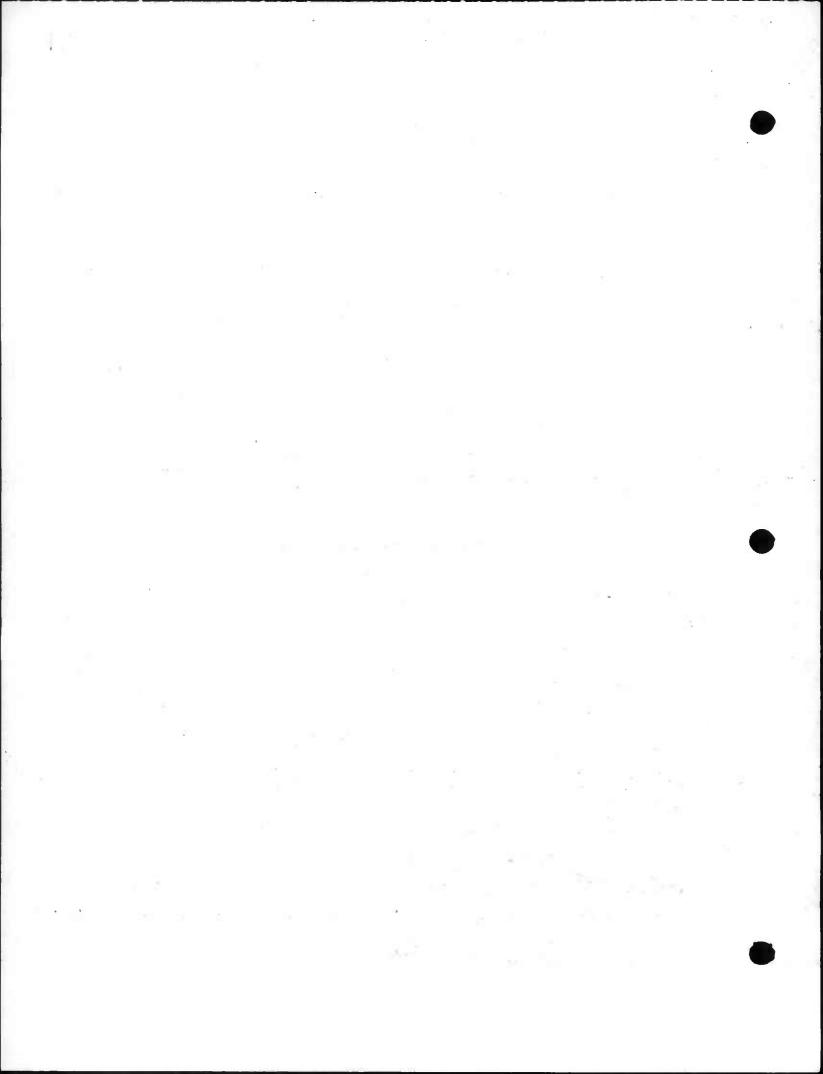
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31. DATE FILED (Month, Day, Year)

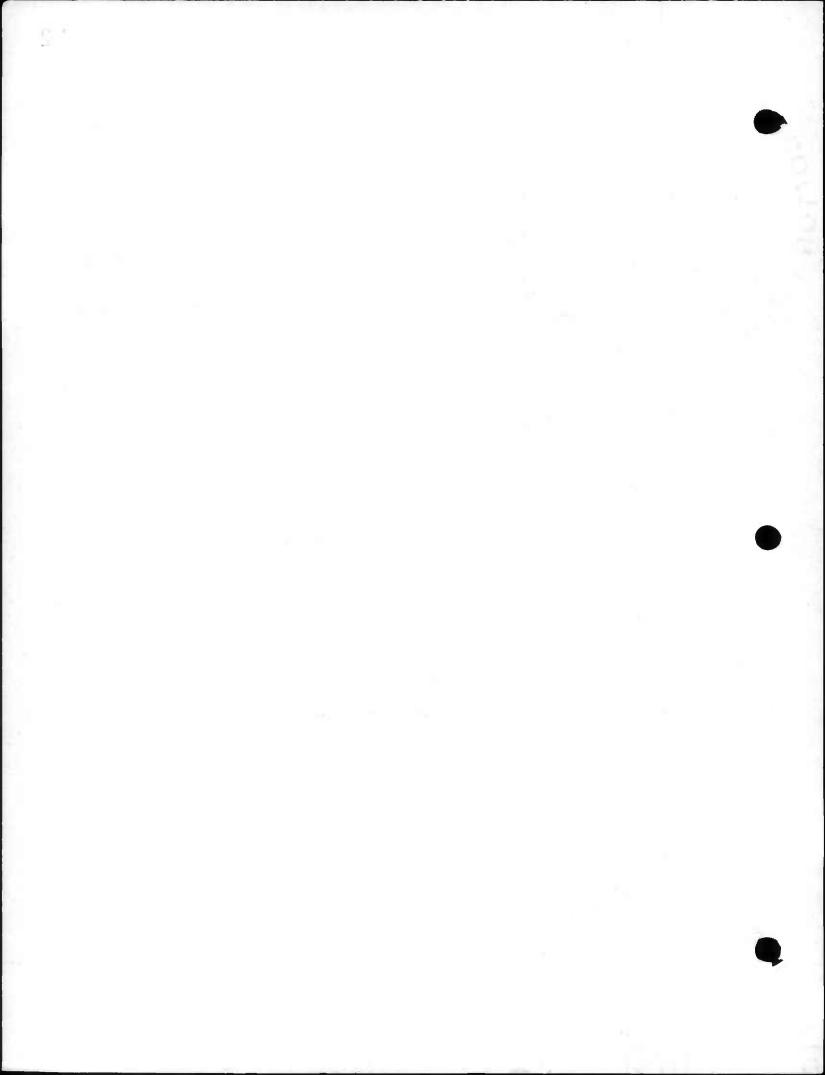
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		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE O	HEALTH AND		YGIENE EG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH DAY Y	3. TIME OF DEATH			
			Larrivez			09		4 7 20 am 11			
·		075285624.	□ M 2 X F 50	YRS. Isst birthday) IF UNDER t YEA	B HOURS MIN.	7. DATE OF BI (Month, Day 3-18	35	BIRTHPLACE (State or Foreign Country) PURFORSCO			
7	FUNERAL DIRECTOR	SC COOM OF DEATH									
5		10a. STATE 10b. COUNTY	imone	Baltin		18	10d. INSIDE CITY IMITS? 1 YES 2 \(\square\) NO				
nsit permi		7896F. TALL AN	es ct, Bi	len Burnie	101. ZIP CODE	111	1 d 10g. CITIZEN	OF WHAT COUNTRY?			
5-0020 nding physician. s the burial-transit	BY FUN	11. MARITAL STATUS 12 1	FORCES? 1 YES	2 XNO If yes,	NIC ORIGIN? (Sp an, Puerto Rican,	RACE — American Indian, Black, White, atc. Specify: Hisparic					
- a co		15. DECEDENT'S EDUCATO	ION	16e. DECEDENT'S USUAL OCCUP.	ATION		OF BUSINESS/INDUS				
	COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 5+)	life Do NOT use retired)				usewife			
on det	S S	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surname)						
क विक	BE	Augustin Rodi	riques		ISAbe		EA				
ay be retained by page 5 should b	2	190. INFOMMANT'S NAME (Type/Print) Robert Ramil 290, METHOD OF DISPOSITION		196. MAILING ADDRESS (Stre 17896 F TI	MANES	C+64	ENBURN'S	00671			
		1 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	t from State 20b.F	PLACE AND DATE OF DISPOSITION 7y, cremetary or other place OK, NG, CO.	(Name of	7-9-94	20c. LOCATION - City	s Puerto Rico			
		21. SIGNATURE OF FUNERAL SERVICE LICENS		22. NAME	AND ADDRESS OF FA	CILITY		Delina I			
SALIIN after death. Pag by the funeral di moval. Ical examiner		> James 2	. Dann	VAN	MAWIII	igms 4	1804 60.0	WENW DIG			
ic at		23. PART LEnter the diseases, or com	plications that caused	the death. Do not enter tha	mode of dying, suc	ch aa cardlac i	or reapiratory arrest	, Approximata			
DO DO E		ahock, or heart failure. List only one cause on each line. Interval Betw Onset and D									
ted withis completely fille ial, cremation, event, the		disease or condition resulting in death) a	DUE TO (OR AS A C	ry Artery	Disease	2		years			
B 6 - 6	_		duys								
UX 68 be executed ician and confiction to buring traumatic	TIOI	Sequentially ilst conditions, if any, leading to immediate	years.								
e pohys	RTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury		etes Mellit	us			ive			
death certificate attending physiental Hygiene print, or other th	H	that initiated events resulting in death) LAST	DOE TO (ON AS A C	CONSEQUENCE OF):							
the death certify the attending of Mental Hygien Injury, or oth	CE	DATY II Other clearlines are distance			4.00100-000-00	-10	VA				
7 - 65 -	EDICAL	Part II. Other significant conditions of	Vascular		ying cause givan in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
requires that signed of Health a	Σ							1 TYES 2 NO			
AL KE ne faw requ has been s Dept. of n 23 sho	AN:	DID TOBACCO USE CO	INTRIBUTE TO C								
N: The icate h State (PHYSICIAN:		OSPITAL:	OTHER:	. PLACE OF DEATH (CI		74.				
SICIAN: The certificate in the State	НХ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF 28c.	injury at		E HOW INJURY OCCUR	nEO			
ING PHYS of the this of the with marked,	ВУ Р	1 Natural 5 Pending 2 Accident trivestigation	(Month, Day, Year)	M 1 [WORK? YES 2 NO						
TTEND TTOR: A after d	ETED E	Rural Route Number,									
	PLE		N: To the best of my knowle	edge, death occurred at the time, o	data and place, and due	to the cause(a)	and menner as stated.				
HOSPITAL FUNERAL WITHIN 72	COMPL	one) 2 MEDICAL EXAMINER: C	On the beals of axamination	and/or investigation, in my opinion	n, death occured at the	time, data and	place, and due to the c	ause(a) and manner as stated.			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	114000		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
5 5 3 M	TO		thtar, m		1	<u></u>	7/3	3/94			
2		30. NAME AND ADDRESS OF PERSON WHO CO SUMELVE ALL TO SUME SEP 0 6 1994	W. M.D. L	MIV- of Mari	116.1 LL.	1.4.6	215.6	alknore St.			
	/	31. DATE FILED (Month, Pay, Your) 1994	32. REGISTRARIO SIGNAT	TURE Randa 00	CACCE ITO	SPITEM		- Self-J. Self- W. T			
		SEP U 6 1334	a rankantasa	Cl nahladlances							



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CERTIFICATION

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AUG". 30 HAROLD LEROY RICHARDSON 6:45 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1X M 2 🗌 F 578-88-8049 Feb. Washington.D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7000 HIGHVIEW TERRACETERRACE HYATTSVILLE PRINCE GEORGES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY District of Columbia Washington t X YES 2 NO 10e. STREET AND NUMBER tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1127 16th Street, N.E. 20002 United States tt. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES t 🗶 Never Married 2 🗌 Merried t TYES 2 X NO Specify 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elamentary/Secondary (0-12) College (1-4 or 5+) 10 Student 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harold Richardson Renee E. Fantroy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20020 Harold Richardson 1645 Ft. Davis Street, S. E., Washington, D.C. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 4 Donation 5 Other (Specify) . Harmony Memorial Park 9/3/94 Landover, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEWART FUNERAL HOME 4001 Benning Road, N. E., Washington, 27 ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Final Onset and Death** shot Wounds 12) of Left Back and Left Face disease or condition reaulting in death) Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE t YES 2 | NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, **EXAMINER?** HOSPITAL: OTHER: 1 | Inpetlent 2 | ER/Outpetlent 3 | DOA XX YES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence XXOther (Specify) STREET 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t 🗌 Netural 348 AM 1/30/94 1 YES sho= 2 Accident or Rural Route Number, Hy . HSvil PLACE OF INJURY - At home, farm, atreet, factory, office 28f. LOCATION (Street, City or Town, St Sulcide 8 Could not be 4 Homicide roadway 7000 ew Terra marylan 29a, CERTIFIER t
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 36. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (ne-1) AUG. 30,1994 HEODORE MIKING 111 Penn Street, Baltimore, Maryland 21201 FP () 7 1994 - wha



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DIRECTOR: After the hours after death v

TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 h

OR ATTENDING PHYSICIAN:

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is marked,

28

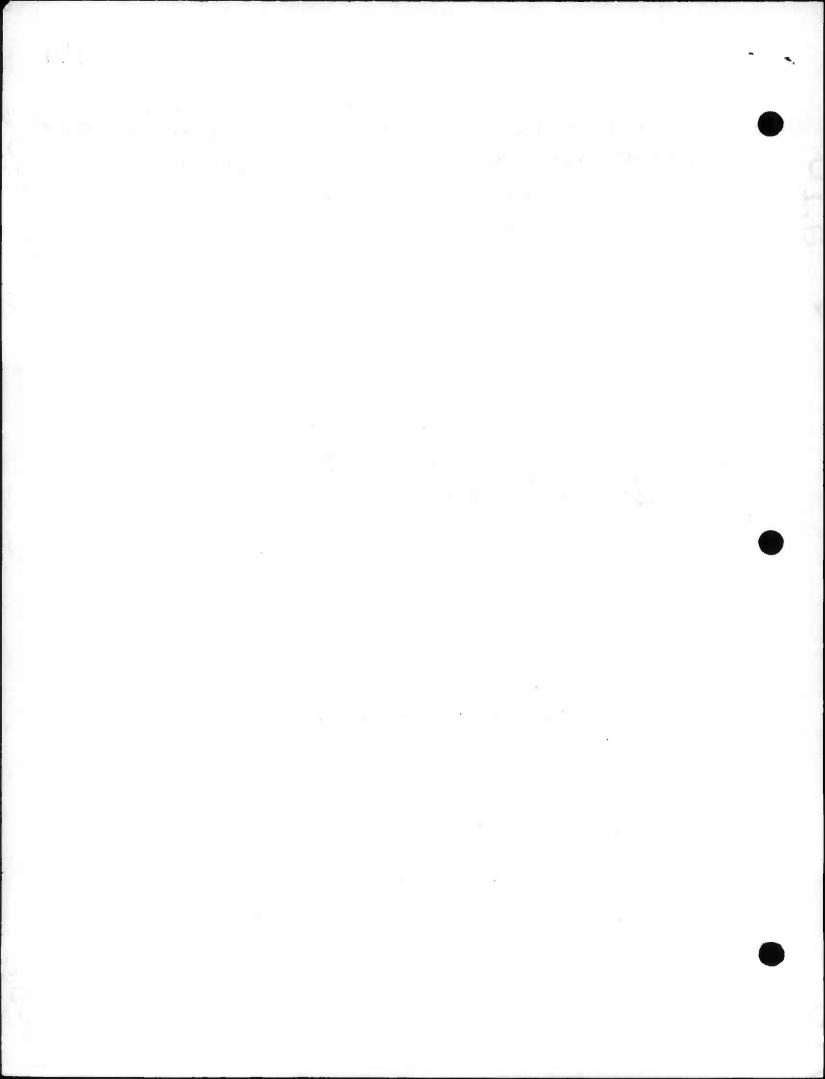
item

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZX hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

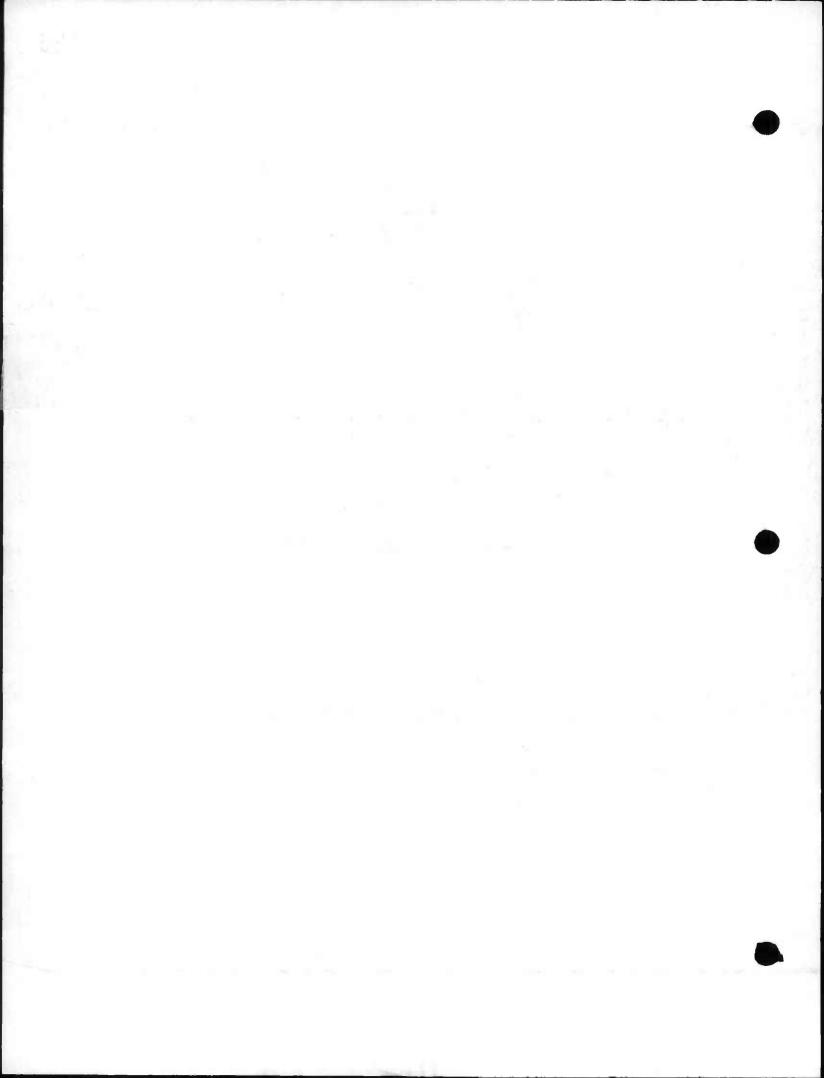
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) INEZ PEARSON					2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE		3. TIME OF DEATH P			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 3	6. AGE (In yrs. I	ast birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 2. 1	8. BIRTI	IPLACE (State or Foreign			
æ	9e. FACILITY NAME (If not institution, give street end number				R LOCATION OF DE		9c. COUNTY OF D	DEATH			
CTO	Frederick Memorial Hos	spital			Frederick			Frederick			
L DIRECTOR	Maryland Frederic			Freder	ick		10d, INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO				
FUNERAL	Sunrise Reting 990 Waterford Dr.	ement Ho	me	10f.	2170	1	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUN	11. MARITAL STATUS 12. WAS DECI	DENT EVER IN U.S. A 1 YES 2 X VE WAR OR DATES	RMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	E - American Indian, k, White, etc. White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4) 1.2	(Give kind of wo fe. Do NOT use		st of working	16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY				
WO.	17. FATHER'S NAME (First, Middle, Last)		Π	omemake		ME (First, Middle, Maiden	own hom	e			
BE C	Lewis Pearson					rence Brya					
5	190. INFORMANT'S NAME (Type/Print) Doris Daniel					rederick,		2.4			
	20a, METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery or other place)										
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	For	t Linc		etery D ADDRESS OF FAC	9/15 B1ac		ler & Sons			
	* (atharine ().)	Sar 20	en		Libertyt	own, MD		20118			
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter tha moda of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximate intervel Between										
	immediate cause (Fine) disease or condition reculting in death) e. Cerelyro vascular Ascident										
N	DUE TO (OR AS A CONSEQUENCE OF):										
SATIC	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST										
4	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO										
MEDIC.		monia				1 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN:	DID TOBACCO USE CONTRIBU	TE TO CAU	SE OF								
PHYSICIAN:	EXAMINER? HOSPITAL	: 2 D ER/Outpatient		OTHER:	S Residence						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DAT (Mor	E OF INJURY th, Day, Year)	28b. TIME INJUI	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURED				
<u>۵</u> ا	2" Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State)							Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be							s) end menner es atated.			
H	296. SIGNATURE AND TITLE OF CERTIFIER Johnsolm June 1	17kn Ling	phys	IGRU	29c. LICENSE NUM 9300	4	29d. DATE SIGNED	(Month, Day, Year)			
10	John A. Shutta M. 1	CAUSE OF DEATH (IT	BOX	310,	Walker	sville, n	nd 21	793			
	SEP 1 5 1001 Falsa States	TRAR'S SIGNATURE		,							
		- and they			<u></u>						



4YSIGAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a fame of the partial hygine prior burial, cremation, or removal as a partial page.

3	1. DECEDENT'S NAME (First,	Middle, Lest)	Lamon	t 50	00+	+,	Jr.			2. DATE MONTH	OF DEATH	MY	YEAR TU	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.		OF BIRTH	94	6. BIRTH Countr	PLACE (State or Foreign
	9a. FACILITY NAME (If not in	estitution, give s	street and number)			9b. CITY,	TOWN C	P LOCAT	ION OF DE	ATH /		9c. COU	INTY OF D	EATH
	RESIDENCE OF DEC	EDENT	THE COMME	Co-		15	Pt 1	/tin	no R	C	and the			
İ	10a. STATE	10b. COUNT				Y, TOWN O		TION	1					10d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER	Bali	timore Ci	ty	Ba	ltimo		710.000			_	T		1 X YES 2 NO
	427 E. La	nvale	Street				101	212					SA	VHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN	YES 2	ARMED	1	yes, sp	ENDENT (OF HISPAN	n, Puerto F	17 (Specify Ye Rican, etc.)			E — American Indian, k, White, atc.
		EDENT'S EDU y highest grade 0-12)			DECEDENT'S (Give kind of life. Do NOT u	work done o	CUPATIO	ON est of worki	ing	16b.	KIND OF BU	SINESS/IN	DUSTRY	
	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, A	viiddle, Maiden	Surname)		
			nt Scott	7							livia			
	190. INFORMANT'S NAME (T		rnell		196. MAILING	ADDRESS	(Street e	nd Numbe	or Rural I	Poute Numb	per, City or Tow	vn, State, Zi	Code)	6 W/21
	20e. METHOD OF DISPOSITI	ION on 3 🗆 Rem			EAND DATE cremetory or o		TION (Na	ime of	riva	DATI	E 20c. LC	OCATION —	City or To	wn, Stata
	21. SIONATURE OF FUNERA	L SERVICE LI	CENSEE			22.1	NAME AN	ND ADDRE	SS OF FA	CILITY				· · · · · · · · · · · · · · · · · · ·
	23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure.	List only one car	on as a cons	ine.		,		ling, suc	h aa card	llac or resp	elratory ar	reat,	Approximate interval Betwo
	Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	diate ING Iry	с	(OR AS A CONS										
	PART II. Other significs	nt condition	s contributing to	death but no	t resulting	In the un	derlyln	g cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDI
								la .		_	PERFO			AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
	DID TOBACCO		CONTRIBUTI	TO CAL	USE OF	DEAT		ES E	NO	eck only on				
	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	1:			8 Other				
	27. MANNER OF DEATH		28e. DATE OF (Month, E	INJURY	28b. TIN		26c. INJ		2.201104		CRIBE HOW	INJURY OC	CURED	
	2 Accident	Pending Investigation		-		М	1 🗆 1	YES 2	□ NO					
1		Could not be determined	building	oF INJURY — A1 atc. (Specify)	noma, 1erm,	stree1, fecto	ory, offic	•		City	ATION (Street or Town, State	end Numbe)	r or Rural F	Route Number,
	290. CERTIFIER CERT	IFYING PHYS	ICIAN: To the best of											i) and menner es stated
	anal	ICAL EXAMINE	R: On the beals of s											,
	anal				_			29c. LIC	ENSE NUN	IBER		29d. DAT		(Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	5-0020	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	nding physician.3	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the burial-transit permit has selected for use as the burial-transit permit has been selected for use as the burial-transit permit has selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has been selected for use as the burial-transit permit has	is the burial-transit petmit	
or med within 12 floors after ocan that the Cast Cooks and injury, or other traumatic event, the medical examiner must be notified at once.	The state of the s	0

DIRECTOR

FUNERAL

BY

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

EXAMINER?

5 Pending

296. SIGNATURE AND TITLE OF CERTIFIER

8 Could not be determined

27. MANNER OF DEATH

1 Natural

2 Accident 3 Suicide

4 Homicide

94 28146 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 2. DATE OF DEATH E. 4. SOCIAL SECURITY 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State th, Day, Year 234-34-8970 May 1 M 2 F 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH ton RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Harford Aberdeen 1 TYES 2 NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 347 Graceford Drive 21001 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 XNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 -Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elamentary/Secondary (0-12) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Okey B. Junkins Emily Davis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Margaret Harlan 347 Graceford Dr., Aberdeen, MD 20a METNOD OF DISPOSITION
1 2 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE cemetery cremetory or other place).
Arlington National Cem. 4 Donation 5 Other (Specify) 9/9 Arlington, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P. Havre de Grace, MD 21078-3197 23. PART I. Enter the diseases, or complications that caused tha daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failura. List only one cause on each line. Intarval Between Onaet and Death IMMEDIATE CAUSE (Final disease or condition Kupiratora reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): onger 2 Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO Stroke 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

HOSPITAL:
1 Inputient 2 ER/Outputient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

4 Nursing Name 5 Residence 8 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(s) and menner as stated.

28c. INJURY AT WORK?
1 YES 2 NO

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

OTHER:

28b. TIME OF INJURY

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

MD mel

29c. LICENSE NUMBER 038675

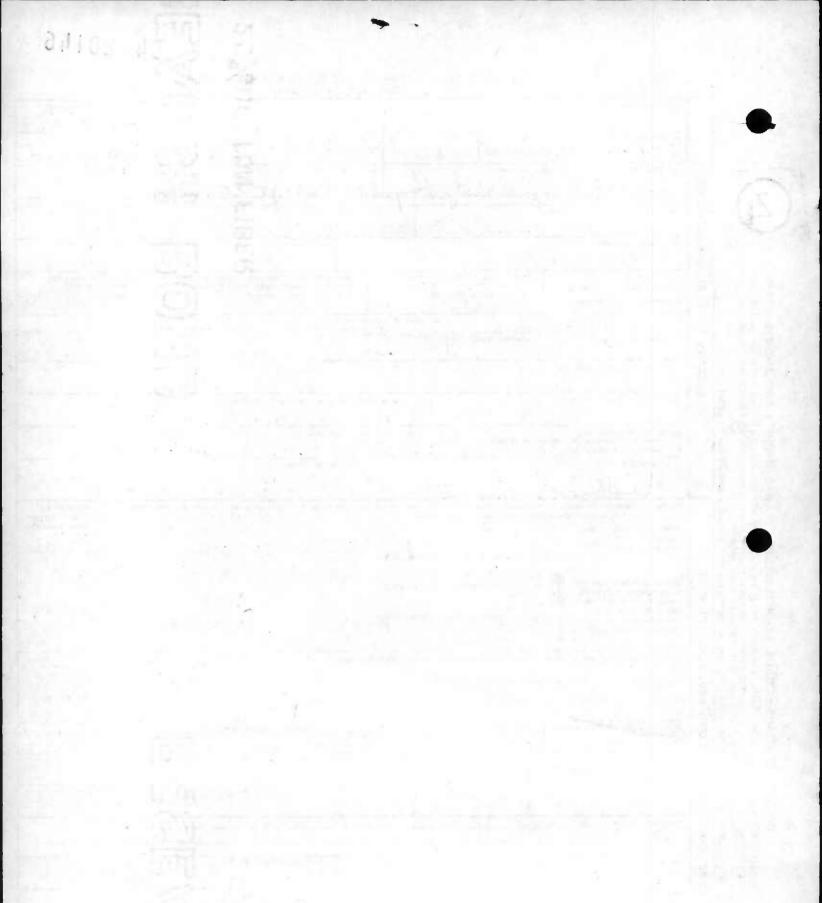
29d. DATE SIGNED (Month, Day, Year)

30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HANOVER MESHUVAM 1147 5 TOEL

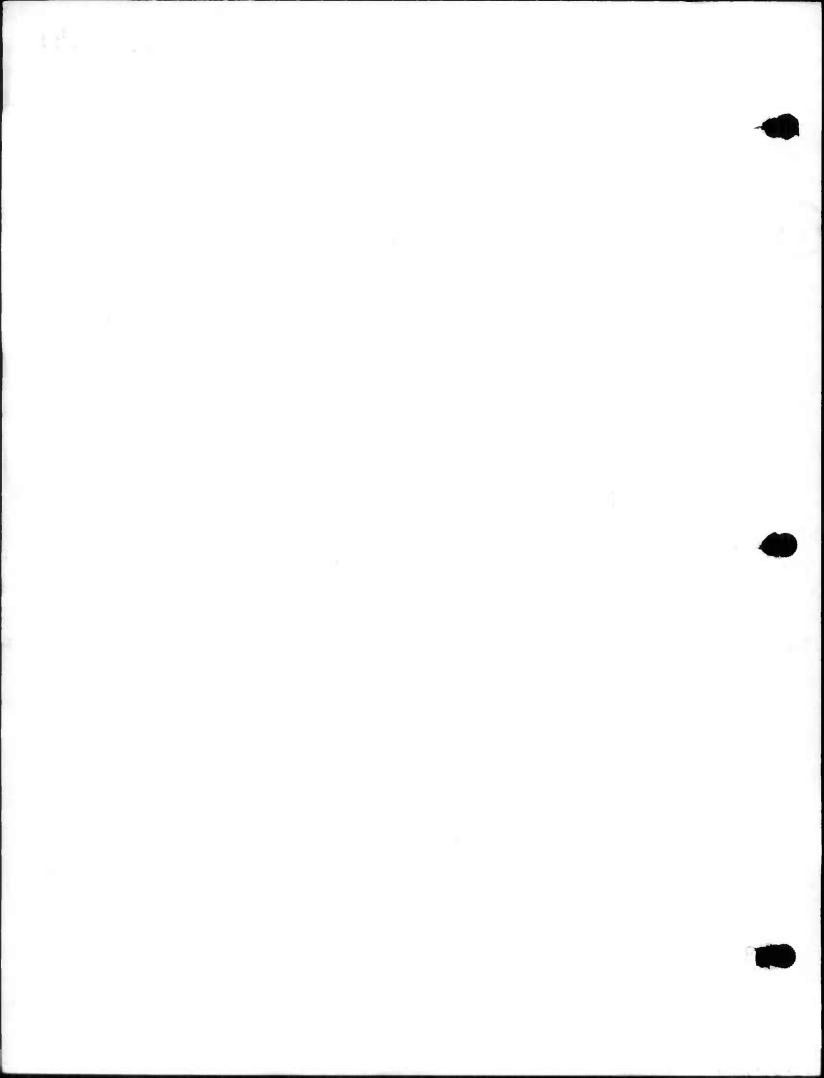
BALT MD 21230

31. DATE FILED (Month, Day, Year) 32. RESISTRANIS SIGNATURE Parlall SFP 0 8 1994



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Its after death. Page 6 may be retained by the hospital or attending expectant.	. DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burned manual permit Proper 1, 2, 3 should be detached for use as the burned manual Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this can be filed within 72 hours after death with	IMPORTANT: it item 28 is marked,
1	100	1)

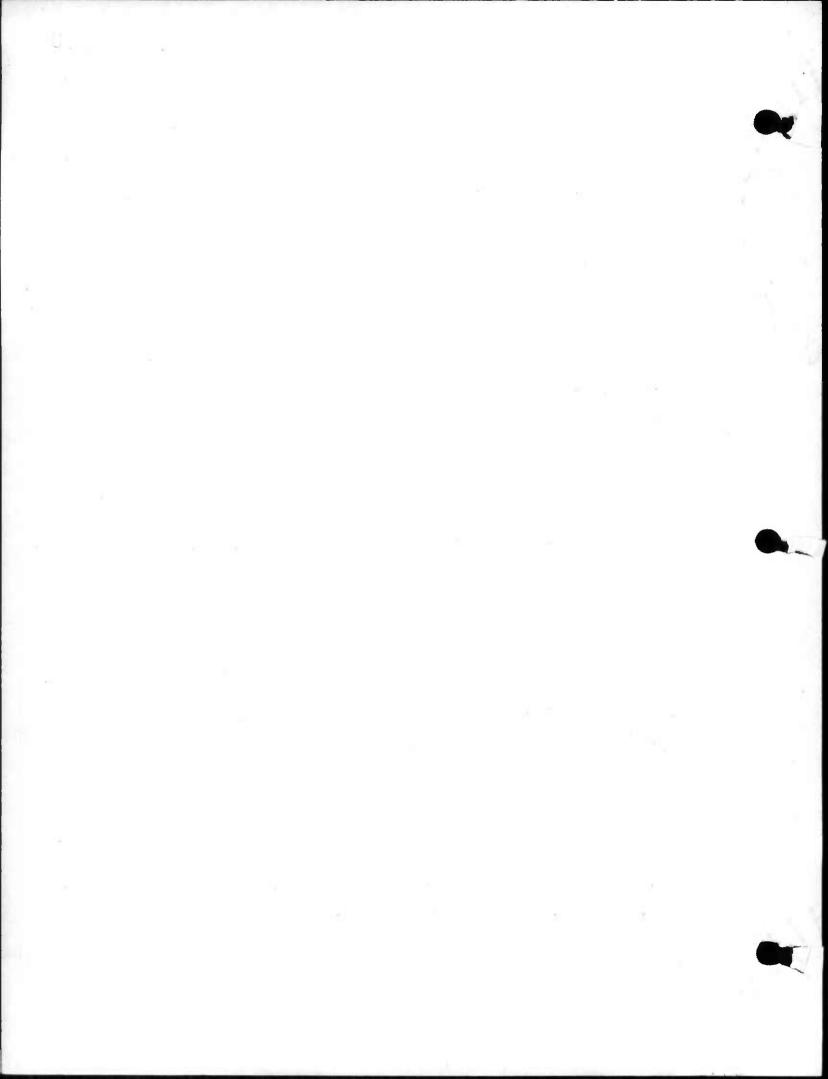
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND F DEATH	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Agnes M. Sch	muh1	/		2. DATE	OF DEATH	av ve	AR . 3.	TIME OF DEATH
	Hane	5 Schi	nuh			9		91	/	1245 PM
			rrs. lest birthday)	IF UNDER 1 YEAR			OF BIRTH	8.1	SIRTHPLA	CE (State or Foreign
	213 44 5684	1 M 2 XX 82	YRS.	MONTHS DAYS	HOURS INTN.		n. 6,			consin
_	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COUNTY	OF DEAT	н
DIRECTOR	Anne Arundel Medi	cal Center			polis			Anne		
쁘	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				- 1	I. INSIDE CITY LIMITS?
		George's	E	owie				T		YES 2 NO
₹	10e. STREET AND NUMBER				IOf. ZIP CODE					COUNTRY?
FUNERAL	12425 Sadler Lane	12. WAS DECEDENT EVER IN U.	0 101100	I 40 1100 0		0715				States
	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yes,	ECENDENT OF HISP specify Cuban, Mexi-	can, Puerto		6 or No — 14.		American Indian, hite, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 U Y	ES 2 HO Spec	olfy:		- 1	Specify:	Vhite
B	15. DECEDENT'S EDUCA	TION 18	Be. DECEDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BU	SINESS/INDUST		VIIICO
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)						
AP.		4	Regist	ered Nu	ırse		Hosp	ital		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Surname)		
BE (Thomas J. Callaha	n			Ellen					
2	19e. INFORMANT'S NAME (Type/Print)				t and Number or Run			n, State, Zip Co.		
-	Arthur L. Schmuhl				r Lane		ie Md.			
l i	20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☒ Cremation: 3 □ Remov	al from State 20b. Pf	LACE OF DISPO ther place)	SITION (Name of	cemetery, crematory or	r	20c. LC	CATION — City	or Town,	State
li	4 Donetion 5 Other (Specify)		tropol:	tan Cr	ematory AND ADDRESS OF		A	lexand:	ria '	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	1SEE		Bea.	L1-Evans	Fune	ral Ho	me, P.A	A .	
- 7	Rovert C. C	vans 1	nes.	160	00 Annapo	lis	Rd. Bo	wie Md	. 20	715
	23. PART I. Entar the diseases, Dr CD	mplications that caused that caused the		npt entar tha i	noda of dying, su	ich as cai	rdiac or resp	iratory arrest	,	Approximata Interval Between
	IMMEDIATE CAUSE (Final		/	/	/					Onset and Death
1 1	diseasa or condition	Conge	stive	He	int Fa	ilw	u			
		DUE TO (OR AS A CO	ONSEQUENCE C	F):						
NO	Sequentially list conditions, b.	DUE TO (OR AS A CO	monia	ND.						
ΙĚΙ	If any, laading to immediata cause. Entar UNDERLYING	DOE TO JOH AS A CO	ONSEODENCE C	r.						j
[윤]	CAUSE (Disease or Injury c. that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	NF):						
CERTIFICATION	resulting in death) LAST									
빙										
뒿	PART II. Other significant conditions		1/	in the underly	ing cause given i	in Part I.	24a, WAS AF PERFO	NAUTOPSY RMED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
EDIC	Schremic Co	irdio mgap	nathy				1 TYES	2 🗌 NO		MPLETION OF CAUSE F DEATH?
M	Hypertens	im	/_						1	YES 2 NO
ÿ										·
SICIAN:		HOSPITAL:		OTHER:	PLACE OF DEATH (Check only o	one)			
\X	1 YES 2 NO	1 Inpatient 2 ER/Outpati			ome 5 - Residenc	_				
PHY	1 Natural 5 Pending	(Month, Day, Year)	28b. TII	JURY	INJURY AT WORK?	28d. Di	EŞCHIBE HOW	INJURY OCCUR	ED	
<u>a</u>	2 Accident Investigation	28e. PLACE OF INJURY	At home form		YES 2 NO	285 1.0	CATION (Street	and Number or	Rumi Pout	a Number
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify,		allest, lactory, o	ilice .		y or Town, State		noral rious	o ivanica,
	29e. CERTIFIER		un una mie					e de la compansión de l		
COMPLET	(Check only	AN: To the best of my knowled On the basis of examination e							ause/s\ ~	nd manner as stated.
	296. SIGNATURE AND TOTAL OF CERTIFIER	- Side State of Control of Contro		opinio			min preve, e			
BE	CHI MUNICIPAL AND TOTAL OF CENTIFIER	(1	n	111	29c, LICENSE N		107.	Z9d. DATE S	O -	onth, Dely, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHIEF OF DEAT	H (ITEM 27) /5-	a Print)		5/6	102	1 9	//	179
4		J J J DEAT	(i i Em 21) (1)/P	o, rrang				/		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE							
	OED 0 9 1994	Guna Davide	son-Rand	all_						



49	BALTIMORE, MARYLAND 21215-0020	d by the hospital or attending physician.	ild be detached for use as the burial-transit permit	id at once.
		within nours after death. Page 6 may be retained	npletely filled in by the funeral director, page 5 shou cremation, or removal.	vent, the medical examiner must be notifie
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF	PITAL OR ATTENDING PHYSICI,	ERAL DIRECTOR: After this cert in 72 hours after death with the	T: If Item 28 is marked, o

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM	IENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>	02.111110	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Harry Wi	lliam Stanc	rich			September	6. 1994	6:33A M
	4. SOCIAL SECURITY NUMBER		- 00	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	THPLACE (State or Foreign
	579 16 6061	1xxx M 2 □ F 75	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 30,	Cour	aryland
	9a. FACILITY NAME (If not institution, give st	reet and number)	96	CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
DIRECTOR	Doctors' Communi	ty Hospital		Lanha	m		Prince	George's
	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY
	Maryland Princ	e George's	G1e	nn Dal	.e			LIMITS? 1 X XYES 2 NO
AL	10e. STREET AND NUMBER		·	101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	8491 Springfield	Rd.			20769		United	States
בַּ	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1-YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No- 14. RAI	CE — American Indian, ck, Whita, atc.
2	1 Never Married XX Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 ∑NO Specify			icity:
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S USI	IAL OCCUPATIO	MM	16b. KIND OF BUS	INJECC/INDUCTOR	White
-	(Specify only highest grade Etamentary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during mo	st of working	166. KIND OF BUS	INESS/INDUSTRY	
COMPLET	10	College (1-4 or 5+)	Owner			Liquor	Store	
5	17. FATHER'S NAME (First, Middle, Last)		OWNER		18. MOTHER'S NA	ME (First, Middle, Maiden 3		
	Glenn Elmore St	ancliff				de M. Brow	,	
200	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town		
-	Willene Stancli	ff	8491 8	pringf	ield Rd.	Glenn Dal	e Md. 20	0769
	20a. METHOD OF DISPOSITION N Burial 2 ☐ Cremation 3 ☐ Rame		b.PLACE AND DATE OF D	ISPOSITION (Na			CATION — City or	
	4 Donation 5 Other (Specify)		metery, crematory or other Fort Linco]	n Ceme	tery 9/	9/ 94 Bre	ntwood 1	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			EVANCE	uneral Hom	РΔ	
1	Mrobert €.	CUMMA	Pron			is Rd. Bow	-	20715
	23. PART I. Enter the diseases, or of ahock, or heart failure.	complications that cause	d the deeth. Do not	enter the mo	de of dying, suci	h ea cerdiec or respir	ratory erreet,	Approximate
	IMMEDIATE CAUSE (Finel	Liet only one cease on		,		4	, ,	intarval Between Onset end Death
	disease or condition resulting in death)	a feno sel	enter les	mo	andio	rascular	Luca	ce yeur!
		DIE TO (OR AS	A CONSEQUENCE OF):					
5	Sequentially list conditions,	DIJE TO (OR AS	A CONSEQUENCE OF):					
RIFICALION	if any, leading to immediate ceuse. Enter UNDERLYING	DOE TO (ON AS	A CONSCOURNCE OF).					i i
5	CAUSE (Diseese or Injury thet initiated evente	DUE TO (OR AS	A CONSEQUENCE OF):					
	resulting in death) LAST							
5	DATE II ON A 10 MI							
₹ I	PART II. Other significent condition	e contributing to death	but not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA						1 YES 2	NO	OF DEATH?
	DID TOBACCO USE C	ONTPIRITE TO	CALISE OF D	EATH V	ES IT NO	_		1 TYES 2 NO
AN	25. WAS CASE REPERRED TO MEDICAL	ON RIBOTE TO	CAUSE OF D					
SICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
	27. MANNER OF BEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJ	e 5 ☐ Realdence	28d. DESCRIBE HOW IN	JURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO			
	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJUR	Y — At home, ferm, stree	t, factory, offic		28f. LOCATION (Street a	nd Number or Rural	l Route Number,
- 1	4 Homicide determined	building, stc. (Spe	enty)			City or Town, State)		
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurred a	t the time, date	and place, and due	to the cause(a) and man	ner as stated	
2	one)	R: On the beels of exemination						(a) and manner as stated.
د	29b. SIGNATURE AND TITLE OF CERTIFIER				ASE LICENSE NUN	/BER	29d. DATE SIGNE	D (Month, Day, Year)
	Houses X	odunes!	M		H212	30		ember 6, 1994
2	SO. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	nt)	7 - 4 6	110		
	De Augusta L.	Kodriguez 5	009 Raybwr	n Ct.	CampSpri	ngs, MV 2	0748	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE Pandall					
	SEP 0 9 1994	guna viur						
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit pe or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF BEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT	OF HE	ALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MAURICE E.	SMITH JR.					2. DATE OF I	DEATH DAY	9 ^{VEAR}	3. TIME OF DEATH 2:50
×	4. SOCIAL SECURITY NUMBER 577-94-2645	1X M 2 □ F 18	yrs. last birthday) YRS.	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF E (Month, Da 9/4/	иртн	Cour	HPLACE (State or Foreign
CTOR	90. FACILITY NAME (If not institution, give s 900 BLOCK BAL)	,				LOCATION OF O			RINC	DEATH E GEORGE
DIREC	10e. STATE 10b. COUNT	Y		y, town on ashin		n, D.C	· ·			10d, INSIDE CITY LIMITS? 1 YES 2 NO
	1925 6th Stre	et, N.W.				2000E			U.S.	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR OATI	2 ZNO	14		ty_Cuben, Mexica	n, Puerto Ricer	pecify Yes or No-	Spe	CE — American Indien, ck, White, etc. city:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		6e. DECEDENT'S (Give kind of life. Do NOT us	work done du se retired.)	CUPATION tring most	of working	18b. KIN	D OF BUSINESS/		Luck
	17. FATHER'S NAME (First, Middle, Lest) Maurice E. Sm	ith, Sr.				Faye	e McKe			
TO BE	190. INFORMANT'S NAME (Type/Print) Maurice E. Sm		1925	6th	St	. N.W	7. W		D.C.	20001
	209. METHOD OF DISPOSITION 1.5 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Society) 21. SIGNATURE OF FUNEAU SERVICE TO William O.	CENSEE Stee	LACE AND DATE	Memo 22. N	ria AME ANO [all	l Park ADDRESS OF FA Broth	ciuty ners F	Lando uneral nue, N	ver. Hom	Md.
CAL CERTIFICATION	ehock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A COOL OF TO (OR AS A CO	ONSEQUENCE O	F):	nel	4	LDUC	ds	II.	interval Betw Onset and De
ICA	PART II. Other eignificant condition	a contributing to death but	not reaulting	In the und	erlying (euse given in		. WAS AN AUTOPS PERFORMED? XYES 2 NO	SY 24	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 X YES 2 NO
	DID TOBACCO USE CONT! 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26	DEATH YE			UNCERTAI	N 🗆			
PHYSICIAN:	1 → YES 2 □ NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpati 28e. OATE OF INJURY	28b. TIM	E OF 2	8c. INJUR	5 Residence		ecify) AT	SCEN	IE
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 8-23-94 28 PLACE OF INJURY —	At home, farm,		WORK 1 YES		SUBJE	CT SHOT		Poute Number
PLETED	4 Homicide determined	ST	REET				900	BLOCK	BAI	BOA AVE.
O BE COMPL	2 X MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the bests of examination e								e) end menner ee stated
TO BE	30. NAME AND ADDRESS OF PERSON WH	MD for.	DRE	Print	2	O.C.	M.E.		AUG	23, 199
	DAVID R. FOWL	ER 111 Pen	n Stre		Bal	timore	e, Mar	yland	2120)1
	31. DATE FILED (Month, Day, Year) SED 0 7 1994	32. REGISTRAR'S SIGNATI	ure Pandale							

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O.O. BOX 68760.	certificate be executed with	nding physician and completely fill
P.O. BOX 68760.	ath certificate be executed with	ttending physician and completely fill
S, P.O. BOX 68760.	death certificate be executed with	attending physician and completely fill
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RDS, P.O. BOX 68760.	at the death certificate be executed with	by the attending physician and completely fill
ORDS, P.O. BOX 68760.	that the death certificate be executed with	ed by the attending physician and completely fill
SORDS, P.O. BOX 68760,	es that the death certificate be executed with	gned by the attending physician and completely fill
CORDS, P.O. BOX 68760,	uires that the death certificate be executed with	signed by the attending physician and completely fill
ECORDS, P.O. BOX 68760,	equires that the death certificate be executed with	an signed by the attending physician and completely fill
RECORDS, P.O. BOX 68760.	requires that the death certificate be executed with	been signed by the attending physician and completely fill
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'AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed with	e has been signed by the attending physician and completely fill
TAL RECORDS, P.O. BOX 68760.	. The law requires that the death certificate be executed with	ate has been signed by the attending physician and completely fill
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VITAL RECORDS, P.O. BOX 68760.	SIAN; The law requires that the death certificate be executed with	rificate has been signed by the attending physician and completely fill
F VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate be executed with	certificate has been signed by the attending physician and completely fill
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OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed with	this certificate has been signed by the attending physician and completely fill
N OF VITAL RECORDS, P.O. BOX 68760,	3 PHYSICIAN; The law requires that the death certificate be executed with	or this certificate has been signed by the attending physician and completely fill
ON OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law requires that the death certificate be executed with	ifter this certificate has been signed by the attending physician and completely fill
ION OF VITAL RECORDS, P.O. BOX 68760.	IDING PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been signed by the attending physician and completely fill
SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed with	IR: After this certificate has been signed by the attending physician and completely fill
ISION OF VITAL RECORDS, P.O. BOX 68760,	TTENDING PHYSICIAN: The law requires that the death certificate be executed with	TOR. After this certificate has been signed by the attending physician and completely fill
VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	ECTOR: After this certificate has been signed by the attending physician and completely fill
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit perright

		TO BE COMPLETED BY FUNERAL DIRECTOR	
I	i	$\stackrel{\circ}{\vdash}$	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

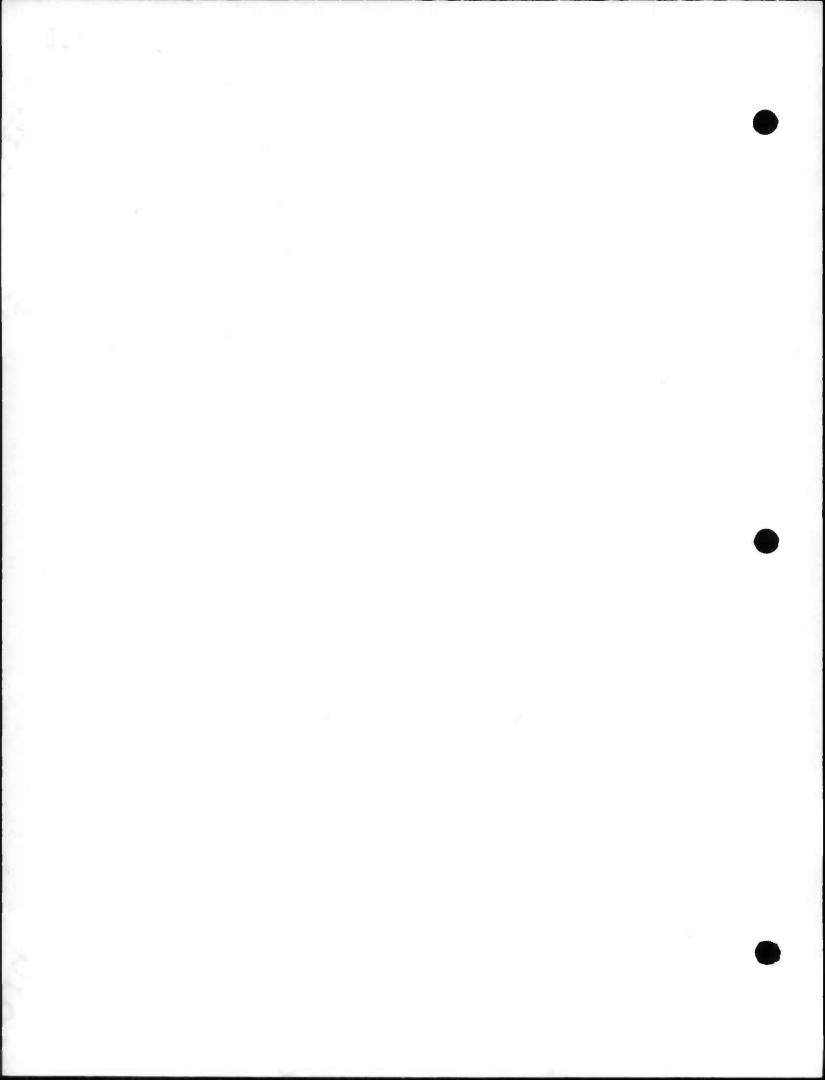
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	(LAND / DEPAR CERTIF				D MENT	AL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last) LINVILLE C. SH	ODTED					MO	GUST	Ž3,19	YEAR 3.	:50 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HF	s. 7. DA	E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
		0	A 2 \square F 37 YRS. MONTHS DAYS HOURS MIN. MAR 5, 1957 WASI								
E E	99. FACILITY NAME (If not institution, give stree hyattsville ma	nor				LOCATION O				VCE G	EORGES
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY NONE			y, town o		V,D.C	•		-		d. INSIDE CITY LIMITS? X YES 2 \(\text{NO} \) NO
ERAL	100. STREET AND NUMBER 2321 LINCOLN R	D N.E.			101. 2	2000E	2		10g. CITI		T COUNTRY?
B	11. MARITAL STATUS Y Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	- 11	l yes, spec	NDENT OF HIS Ify Cuben, Me	xican, Puerl	GIN? (Specify Ye o Rican, etc.)	or No	14. RACE — Black, W Specify:	American Indien, /hite, atc. BLACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	of working	1	GOVE	SINESS/IND						
TO BE											
	20e. METHOD OF DISPOSITION Commetted										
VIION	Sequentially list conditions, if any, leading to immediate	A I D S DUE TO (OR A	sed the death. Do nach line.	not anter				EET S.		est,	Approximata Interval Between Onset and Death WEEKS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in dasth) LAST d.	DUE TO (OR AS	S A CONSEQUENCE OF	F):							
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 24b. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 YES 2								RE AUTOPSY FINDINGS AILABLE PRIDR TO MIPLETION DF CAUSE DEATH? YES 2 NO			
PHYSICIAN:		HOSPITAL:		OTHER	26. PLA	CE OF DEATH					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIM		28c. INJUR	S 2 NO	_	PESCRIBE HOW I	NJURY OCC	CURED	
	3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, tarm, s pecify)	kreet, facto	ory, office			OCATION (Street ty or Town, State)		or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my kn									nd manner ee stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	- 0 .	ems		-	29c. LICENSE	NUMBER) 2	-		onth, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIER D29923 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 REGISTRAN'S SIGNATURE MANAGER SEP 0 7 1994



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_		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL	HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last					2. DATE (OF DEATH	W Y	3. TIME OF DEATN
		FRANCIS		SHIPMAN				EMBER		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month,	Dey, Year)	1	BIRTHPLACE (State or Foreign Country)
- 9		250-05-4114	1 M 2 □ F	72 YRS.				9,192		outh Carolina
7	DIRECTOR	9a. FACILITY NAME (If not institution, give Prince George's (RESIDENCE OF DECEDENT		tal	chever	OR LOCATION OF D	EATN		9c. COUNTY Prin	
	E	10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
1	E	Maryland Pri	ince George's	Ma	arlow He	aights				LIMITS?
	IA!	10e. STREET AND NUMBER				f. ZIP CODE			10g. CITIZE	OF WHAT COUNTRY?
an. ransit	FUNERAL	3940 Bexley Place				2074			Unite	d States
attending physician se as the burlai-trai	BY FU	MARITAL STATUS Merried	12. WAS DECEDENT EVER I FORCES? 1 ☐ YES IF YES, GIVE WAR OR D 1942— 1943	2 NO	It yee, s	DECITION OF HISPA DECITY Cuben, Mexica DECITY NO Specific	nn, Puerlo R		or No— 14	RACE — American Indian, Black, White, etc. Specify:
an di		15. DECEDENT'S ED		18e. DECEDENT'S	USUAL OCCUPATI	ON	16h	KIND OF BUS	BINESS/INDUS	White
al or all for use	ETED	(Specify only highest grade Specify only highest grade Specify	(Give kind of life. Do NOT u	work done during me	ost of working	100.	KIND OF BOS	3114E33/114D03	ini	
Spital	AP	7th		Roofer			S	elf Fh	mlove	7
by the hospital or be detached for un at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
d by	BE (Clarence Y. Shi	pman			Nell	ie B.	Colso	n	
s retained by the hospit 5 should be detached notified at once.	2	190. INFORMANT'S NAME (Type/Print)	/G'			and Number or Rural				
ay be re page 5		Lois Allen	(Sister)	2130	Brooks	Dr. Apt	614,	Forest	ville	Md 20747
e 6 may ector, p must		1 Donetion 5 Other (Specify)	moval from State	b. PLACE AND DATE metary, crematory or o	OF DISPOSITION (Nother place)	Sept 6,19	994 ^{DATE}	20c. LO		or Town, State
Page I direc		21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	ashingtor	1 Nationa 22, NAME A	OL COM. NO ADDRESS OF FA	CILITY	_ISuit	land,	Maryland
after death. Page 6 may be yy the funeral director, page moval.		Stanley E	Marsel	1 1	Old 2	Texaude1	rer	ry Roa	a,Cli	Maryland ome,Inc 6633 nton,Md 20735
hours or re		23. PART I. Enter the diseasea, or ahock, or heart failura IMMEDIATE CAUSE (Final	r complications that cause i. List only one cause on e	ed the death. Do each line.	not anter the me					Approximata Interval Batwee Onaet and Dea
ted within 24 completely fille ial, cremation, cevent, the		disease pr condition resulting in death)	a. FEWELL COR AS	A CONSEQUENCE OF	yell	and O	nna	fai	lu	
Pa Con a	z		Cercun	of lu	1					
e be execute sician and c rior to bunic traumatic	5	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	Ada.	,				
cate be ohysicia e prior	2	CAUSE (Disease or Injury	c. Pulgoci	A CONSEQUENCE O	Muca	4				
death certificate attending physiental Hygiene pri	ERTIFICATION	that initiated events resulting in death) LAST	d d	A CONSEQUENCE O	*):					
des at at	O	PART II. Other significant condition	one contributing to death i	but not regulating	in the underlyin	a seves elves le	Dort 1	04- 1110-111	ALLEDONAL	
= 0 =	CAL	TANTIII. Othar algitilicatic condition	ma contributing to death t	but not resulting	in the underlyin	ig cause givan in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires that een signed by of Health an shows any	EDIC						- 1	1 YES 2	□ NO	OF DEATN?
v requires been sign it, of Heal	Σ	DID TOBACCO USE CON	TRIBUTE TO CAUSE C	DE DEATH Y	ES I NO I	T UNCERTAI				1 TYES 2 NO
Se as	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HØSPITAL:	28. PLACE OF DEA	TH (Check only one) OTHER:					
SICIAN: The certificate the State	PHYS	27. MANNER OF DEATN	1 Inpatient 2 ER/Out	28b. TIN		JURY AT	_		NJURY OCCUP	ED
NG PHYS fler this c eath with		1 Nstural 5 Pending	(Month, Day, Year)	IN.	JURY W	YES 2 NO				
5 4 P	ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e, PLACE OF INJURY	Y — At home, term, ocify)	atreet, tectory, offic	÷0	2st. LOCA City o	TION (Street a r Town, State)	and Number or	Rural Route Number,
DIRECTOR: hours after Item 28 is	LET	290. CERTIFIER 1 CERTIFYING DNY	SICIAN: To the best of my know	uladaa daath assuum	and at the time ates					
HOSPITAL FUNERAL WITHIN 72 I	COMPL	anal	NER: On the besis of examination							ouse(e) end menner ee stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	- 11	29b. SIGNATURE AND TITLE OF CERTIF	A			29c. LICENSE NU				IGNED (Month, Day, Year)
	BE	Dernik	1-cen				2451			2-16
+ ==	일	30. NAME AND ADDRÉSS OF PERSON W	HO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type	, Print)					
- 1	i	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE						
	ı	SFP 0 7 1994	Lucia Davidson-Ro	and a DO						

. . . er in Wei en

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

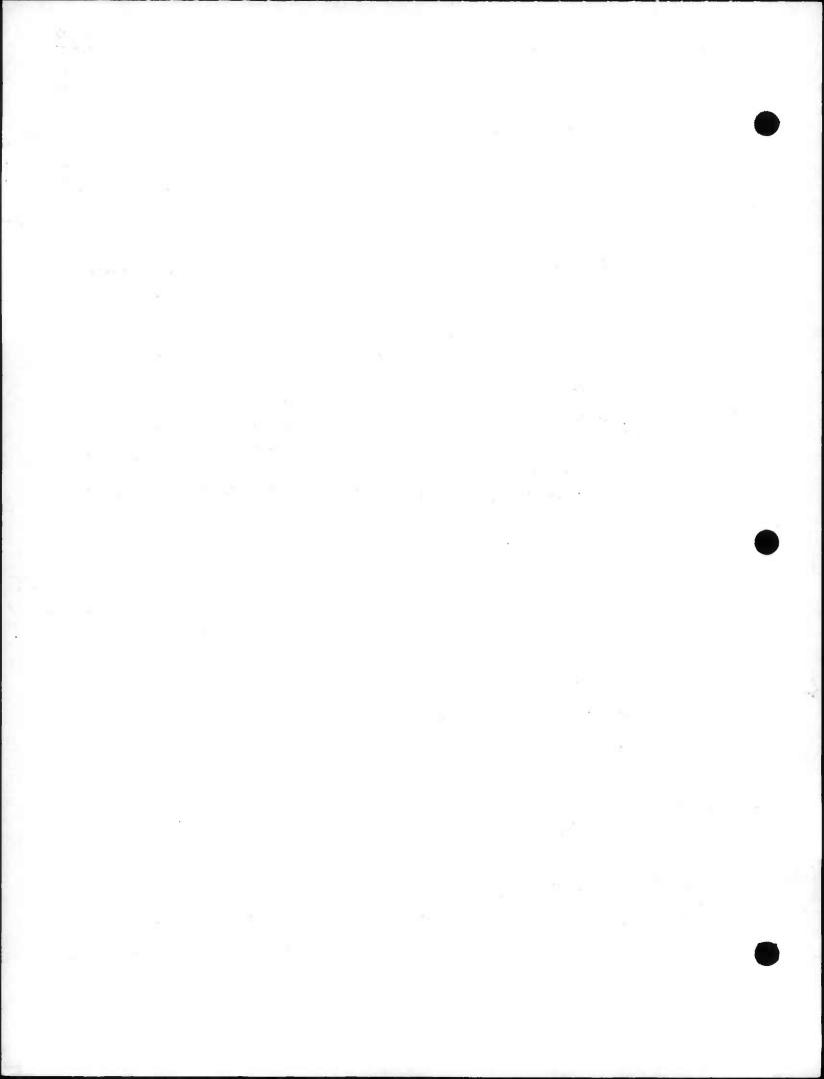
	REGISTRAR		CE	RTIF	ICATE O	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) JOHN M. S	100110011					2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		W.P.P.S.				Sep	4	1994	10:23 ant	
	160-26-9078	1 🗔 M 2 🗆 F	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	20 10	Count	Penn.	
TOR	90. FACILITY NAME (If not institution, give some state of the state of	ommunity f	lospita	e	96. CITY, TOWN	OR LOCATION OF D	EATH		NCE (e Georges	
DIRECTOR	100. STATE 10b. COUNT Maryland Calve			10c. CIT	y, town on Loc Dunkir				10d, INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			Щ.		Of. ZIP CODE		100 CIT	TZEN OF V	1 ☐ YES 2 ☒ NO WHAT COUNTRY?	
FUNERAL	519 Herring Di					20754			U.S		
ВХ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 XXIIVorced	12. WAS OECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 X	MED IO	If yee, s	CENDENT OF HISPAL pecify Cuben, Mexico S 2 X NO Specif	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	e or No—	_ Speci	E — Americen Indien, k, White, etc. #y: Casian	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	15e. DE	CEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	Hto.	ract	e retired.)	iosi oi working	Steel	l Ind	lustr	v	
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Meiden			<i>y</i>	
BE (Floyd W. 190. INFORMANT'S NAME (Type/Print)	Snavely				Minni					
ဥ	John M. Snavely		190				Route Number, City or Tow			-	
			20b PLACE	ND DATE	SE DISPOSITION /	Jama of	O OATE 20c. LC	CATION —			
	89s_METHOO OF DISPOSITION 1 → Burtel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ioval from State	cemetery cre	matory or of	tion ce	Meme of Sept.	8,			Maryland	
	21. SIGNATURE OF JUNERAL SERVICE LI	сумуне //	,		22. NAME	AND ADDRESS OF FA	on4 (ral	Home	The	
	>1/1/2 DK	Harr	1	_	6633	Old Alexa	ndria Feri	ry Rd	Cli	nton, Md	
CERTIFICATION	shock, or haart failura. List only ona causa on each lina. Interval Betwee Onset and Dead disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only ona causa on each lina. Interval Betwee Onset and Dead Onset a										
DICAL	Anderin regularistantia									. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.	DID TOBACCO USE (CONTRIBUTE	TO CAUS	E OF	DEATH '	ES TO NO				1 PYES 2 NO	
¥	25. WAS CASE REFERRID TO MEDICAL					PLACE OF OEATH (Ch			Ш.		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	me 5 - Residence				-	
PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN	JURY	28b. TIM	E OF 28c. II	JURY AT WA	28d. DESCRIBE HOW	INJURY OC	CUREO		
B	2 Accident Investigation	20. 51.05.05	11	~		YES 2 NO	/	14			
TEO	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Ru City or Town, State)									loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS						to the cause(e) end ma) end menner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIE	lacol			40	29c. LICENSE NUI	MBER 90	29d. DAT	E SIGNEO	(Month, Day, Year)	
۵	30. NAME AND ADDRESS OF PERSON WE	IO COMPLETED CAUSE	OF DEATH (ITE	# 27) (Type,	Print)	1#27	no P		0	MD 2073	
	31. OATE FILED (Month, Day, Year)	32. REGISTRAN'S	S SIGNATURE	enut	wort	L 750 A1	vo, ren	used	re	MD 2013	
	SEP 0 7 1994	was runtagen	-1/1	_							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	, ,	YEAR 3.	TIME OF DEATH
		Lola Suthe	rland			Septer				4:03 A _M
	4. SOCIAL SECURITY NUMBER		GE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH V. Year		Country	CE (State or Foreign
	578-09-7838	1 🗆 M 2 📈 F	75 YRS.	months Date	mouns min.	OCT 2	0,191	18 V i	irgin	ia
~	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	Y OF DEATH	н
2	Southern Maryland Hospital Center Clinton Prince Ge									
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCA	TION					1. INSIDE CITY
# I	Maryland Prin	ce George's		Clinto	on				1	LIMITS?
	10e. STREET AND NUMBER			10	of. ZIP CODE	_		10g. CITIZE		COUNTRY?
FUNERAL	8900 Marquis La	ne			2073	35	-	Unite	ed Sta	ates
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yee	or No — 14	I. RACE —	American Indian,
BY F	1 Never Merried A Merried 3 Widowed 4 Divorced	FORCES? 1 Y	R DATES		pecify Cuben, Mexico S 2 ² NO Specif		, etc.)		Black, Wt Specify:	htte, etc.
									Whi	te
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of wilde. Do NOT use	ork done during m		16b. KIN	D OF BUSI	NESS/INDUS	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker			Tome			
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			hieramo)		
ŏ	Henry Thomas Spro	ouse				a Eunic				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number C	ity or Town.	State. Zip Co	ode)	
2	James W. Sutherla	and (Husban	d) 890	0 Marqu	is Lane,	Clinton	n,Mar	vland	207	35
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE O	F DISPOSITION &	lent 9 19	94 DATE		ATION — CIT		
1	1 M Burlet 2 Cremetion 3 Remit 4 Donetion 5 Other (Specify)	DVal Irom State	cemetery, cremetory or oth Mary Land V	eterans	Cemeter	v				ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		Λ	22. NAME A	ND ADDRESS OF FA	CILITY Le				Inc 6633
	Stan lan E.	marral	20	Old A	lexander	Ferry	Road	l,Clin	nton,	Md 20735
	23. PART I. Enter the disease, or o	complications that cau	sed the death. Do no	ot enter the m	ode of dying, suc	ch as cerdiac	or reepire	atory arres	it,	Approximate
	ehock, or heert feilure. iMMEDIATE CAUSE (Finel	Liet only one ceuee or	n each line.					1000 100		intervel Between Oneet end Deeth
	diagram on any distant	TERMINAL (CIRRHOSIS	OF LIVE	R				ĺ	YRS
	recording in deathy		S A CONSEQUENCE OF							110
z	Construction that are distance.	SEPTICEMIA	A							DAYS.
Ĕ	Sequentielly ilst conditions, if any, leeding to immediate		S A CONSEQUENCE OF							
5	CAUSE (Disease of Injury	. HEPATORENA	AL SYNDROM IS A CONSEQUENCE OF		RENAL FA	ILURE				DAYS.
Ë	thet initieted events resulting in deeth) LAST			7					į	
CERTIFICATION		d. RESPIRATO							j	DAYS.
	PART II. Other significant condition						WAS AN A			RE AUTOPSY FINDINGS
DICAL	HYPERTENSIVE CA	RDIOVASCUL	AR DISEASE	WITH C	ONGESTIVE	E 10	YES 2	/	COM	WPLETION DF CAUSE DEATH?
ME	HEART FAILURE.	HEPATOC EN	CEPHALOPAT	HIES.						YES 2 NO
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE				N 🗆				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:						
I XS	1 TYES 2 D/NO 27. MANNER OF DEATH	1 (Supportion) 2 - ER/C	Outpatient 3 DOA	4 Nursing Hor	ne 5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Yea		RY W	JURY AT ORK?	28d. DESCRIE	E HOW IN.	JURY OCCUP	RED	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN.II	JRY — A1 home, ferm, at		YES 2 NO	261. LOCATIO	N (C41	al Mirrobara and	0	
	4 Homicide 6 Could not be determined	building, etc. (8	Specify)	reet, rectory, only		City or Tox		a Number or	Hurai Houte	Number,
COMPLET	290. CERTIFIER									
MP		CIAN: To the beat of my kr R: On the beele of examina								
ဒ			The street stree	, in my opinion,			piece, ena	que to the c	sause(e) end	menner ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					nth, Day, Year)
၉	There's On	CYMM Des	2		D12884	+		SE.	rr. b	1994
	30. NAME AND ADDRESS OF PERSON WHI	DOMPLETED CALLES OF	DEATH (ITEM 27) /T							
	PETER W.YTM M.D.				101 mm	A LE TENTE	DVT A	יחב מוזי	725	
ř	PETER W.YIM M.D. 31. DATE FILED (Month, Day, Year)		RANCH AVE.		101, CLIN	NTON, MA	RYLA	ND 20	735	

•

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nous after death. Page 6 may be retained by the hospital or attending physic	managements and the best of the state of the
	hours after de	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	e law requires that the death certificate be executed with.	the second second from the second sec
DIVISION OF VITA	OR ATTENDING PHYSICIAN: The	A Act . a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a four siter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CE	SHILL	CAIL	UF	DEAL	П	REG. NO			
18	1. DECEDENT'S NAME (First, Middle, Last		: 1.2							AY	YEAR	3. TIME OF DEATH 5:50 P M
		ngela Sm:								September 8, 1994 5:50		
37	4. SOCIAL SECURITY NUMBER 577-22-3987	5. SEX	6. AGE (In yrs. las	t birthday)YRS.	MONTHS C	YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/14/19	Country)		**
		9s. FACILITY NAME (If not institution, give street and number)										sh.,D.C.
~							R LOCATIO			111	JNTY OF I	
DIRECTOR	Calvert County Nursing Center					lnc	e F	rede	erick	C	alv	ert
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			Lane CITY	. TOWN OR	LOCATI	011					
E	MD			IOC. CITY	, IOWN ON	LUCAII						10d. INSIDE CITY LIMITS?
0		Calve	rt					Owir	ngs			1 TYES 2 X NO
Z	10a. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	FIZEN OF	WHAT COUNTRY?
E	1921 Kathy	Court					20	736		US.	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	MED	13. WA	S DECE	NDENT O	F HISPAN	IC ORIGIN? (Specify Ya	or No-	14. RAC	E — American Indian,	
1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☒ NO If yes, specify (n, Puarto Rican, etc.)		Spec	
C 3 K Midowed 4 Divorced									white			
E	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed	16a. DE	CEDENT'S	USUAL OCCU	UPATIO	N t of wastin		16b. KIND OF BU	SINESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min	Do NOT us	e retired.)	ing mos	t or worker	V				
П	12		h	omen	naker					_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Middle, Malden	Sumame)		
	Edward Lacy	Burns, J	r			- 1	Car	roli	ne M.	Tse	man	n
BE	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (S	Street an			loute Number, City or Tox			
5	Ralph E. Sm	ith	- 1	ame	as	#			ove	74 Oldio, 21	p 0000)	
	20a. METHOD OF DISPOSITION		20b. PLACE			- ''		o ax				
i ii	1 X Burial 2 Cremation 3 Re	moval from Stata	cemetery cre	metany or at	har nlacal							own, Stata
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	10514554	Ft.	Linc					9/13-94	Bre	ntw	ood, MD
	21. SIGNATURE OF FONENAL SERVICE L	O 91			22. NA	ME AND	ADDRES	SS OF FAC	YTUR			MD
	Rausch Funeral Home, P.A., Owings											
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,											
	shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition											
	resulting in death) a. Compliance of: Due to (on As A consequence of):											
		502 10 (on no n consec	JOENCE OF	,							
CERTIFICATION	Sequentially list conditions,	b. DUE TO	OR AS A CONSEC	LIENCE OF	n.							
A	If any, leading to immediate cause. Enter UNDERLYING			OLNOL O.	,							
윤	CAUSE (Disease or injury that initiated events	c	OR AS A CONSEC	LIENCE OF	٦.							
Ē	resulting in death) LAST	, , , , , , , , , , , , , , , , , , , ,			,							
英		d	¥3.									
	PART ii. Other algnificent condition	ons contributing to	deeth but not r	eeuiting is	n the unde	rlying	ceuse g	iven in	Part I. 24s. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
EDICAL									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 _ YES :	□ NO		OF DEATH?
2								_	_			1 TYES 2 NO
PHYSICIAN:												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL/	ACE OF D	EATH (Che	ck only one)			
S	1 TES 2 B-NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	□ DOA	4 Mursing	g Homa	5 🗆 Re	sidence	8 Other (Specify)			
Ŧ	27. MANNER OF DEATH	26a. DATE OF (Month, De		28b. TIME	E OF 28	Bc. INJU WOR			28d. DESCRIBE HOW	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		,,,				ES 2] NO				
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY - At ho	me, farm, s	treet, factory	, affice			281. LOCATION (Street		r or Rural	Route Number,
E	4 Homicide determined	building, a	etc. (Specify)						City or Town, State,			
COMPLETED	29a. CERTIFIER		Section 1							-	_	
7		SICIAN: To the best of										and the same
8	2 MEDICAL EXAMIP	VEN: On the basis of ax	amination and/or i	rrveatigatio	n, in my opin	nion, de	ath occur	ed at the	time, data and placa, a	nd due to t	ha cause(a) and manner as stated,
BE (296. SIGNATURE AND TITLE OF CERTIFI	ER /				$\neg \tau$	29n, LICE	NSE NUN	INER .	29d. DAT	TE ISJONES	(Month, Day, Year)
	(the H)	12001 N	P				0	26	358	• 3	791	94
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (TE	# 27) (Type,	Psivij	_	70		10	-	1 11	-
	11 TOAN	ATTO	-00	011	- F	2+) Are	4.1	4 41	7	106) V
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	-		,	100	6			0 0	. /
		01 /1.	Yaviden K	8.0								
	SEP 1 3 19	V/1 /2. 1	Ta. un sana	1. Ada . II.								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flower after death. Page 6 may be retained by the instanting physician and completely filled in by the wheral director, page 5 should be described for use as the burnal-trainst permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

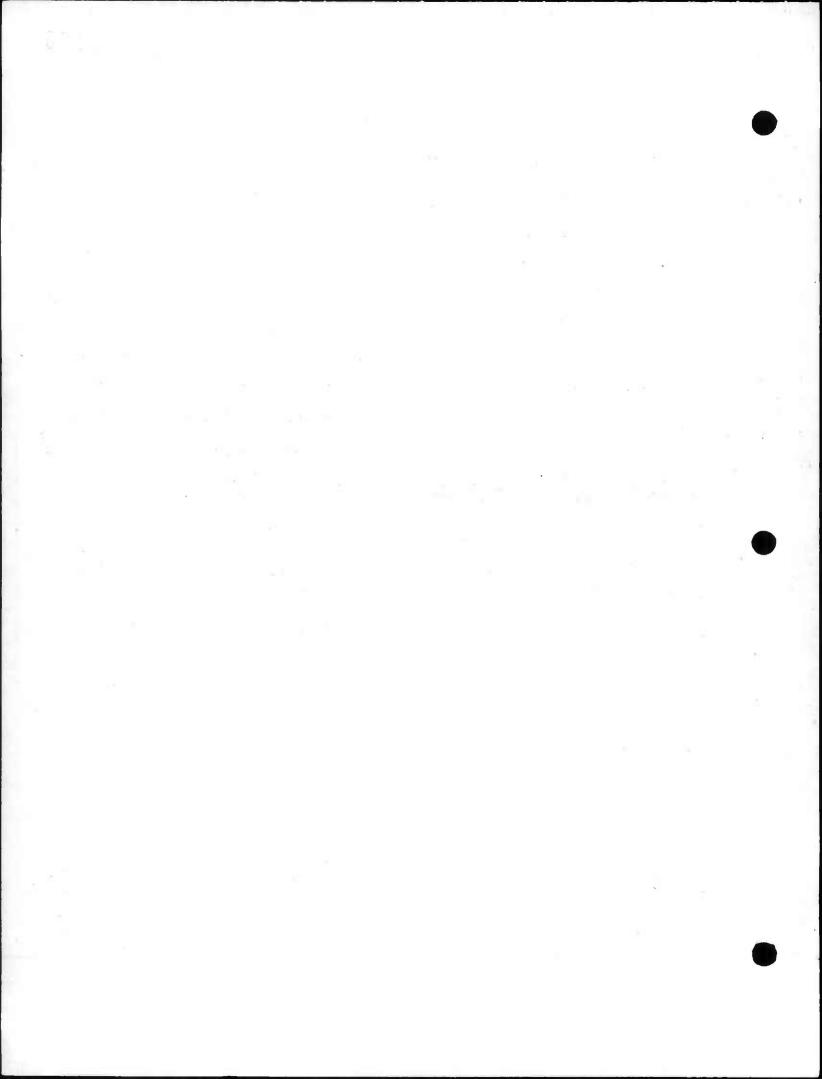
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF			NTAL HYGIEN REG. NO.	E			
J.	DECEDENT'S NAME (First, Middle, Lest)		Spear			2.	DATE OF DEATH DA		year 94 1:00 A m		
			s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	MINI	DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Fore Country)			
	9a. FACILITY NAME (If not institution, give stre		O YHS.	9b. CITY, TOW	I OR LOCATION		ugust 1,	1,1901 Maryland			
PO R	Dorchester General	l Hospital		Caml	ridge				hester		
逼	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
ā	Maryland Dorche	ester		Vienna				1 X YES 2 NO			
ERAI	309 Race Street				01. ZIP COOE 2186	9			N OF WHAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	ZNO	If yes,		Mexican, P	ORIGIN? (Specify Yes uerto Rican, etc.)		t. RACE — American Indian, Black, Whita, atc.		
	15. DECEDENT'S EDUCA		e. DECEDENT'S	USUAL OCCUPA	TION		18b, KIND OF BUS	INESS/INDUS	White		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during a se retired.)	nost of working				1		
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, Last)		Home	maker	40 4407715	010 41444	First, Middle, Maiden	_			
BE CC	Tilghman Corkran						Sellers	Sumame)			
TO B	19a. INFORMANT'S NAME (Type/Print) Robert H. Spear			O. Box			a MD 21	n, State, Zip Ci	ode)		
	20e. METHOD OF DISPOSITION TV Burlel 2 Cremation 3 Remove 4 Donation 5 Other/Specify)	ral from Stata 20b. PL	ACE AND DATE	of disposition (ther plece) Cemete	Name of			CATION — Cit	ty or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Taul s	22. NAME	AND ADDRESS	OF FACILI	гү				
	Benaul	ht see	u	106 N	lain St	reet	Home, P. , East Ne	w Mar	ket, MD 21631		
	Approximate interval Between Onset and Dasti diseases or condition resulting in death) Due To (OR AS A SONSEQUENCE OF): Approximate interval Between Onset and Dasti disease or condition. Due To (OR AS A SONSEQUENCE OF):										
z	ASSUT										
SATIO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disesse or injury that initisted events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	F):							
AL C	PART II. Other significant conditions	contributing to death but	not resulting	In the underly	ng cause giv	ren In Par			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	Progessie	dement	u				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N: N	DID TOBACCO USE C	ONTRIBUTE TO C	AUSE OF	DEATH	YES	NO					
SICIA		HOSPITAL:		OTHER:	PLACE OF DEA				-		
HX.	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie 26a. DATE OF INJURY (Month, Day, Yeer)	26b. TIM	E OF 28c. I	NJURY AT		Other (Specify) d. DESCRIBE HOW II	NJURY OCCU	RED		
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1	VORK?	NO					
8	3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, of	lice	28	f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,		
COMPLET		IAN: To the beat of my knowledg : On the beats of examination an									
H	29b. SIGNATURE AND TITLE OF CERTIFIER	10/	Orn		29c. LICENS	SE NUMBEI	2	29d. DATE S	SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	FERMIN	13	502	BVI	2011	55 CM	Am B	adas mi		
	31. DATE FILED (Month, Day, Year) SFP 1 4 1994	Talia dividuo Na	dall		i i						



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PHYSICIAN:
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										94	28	150
	FOR STATE REGISTRAR	STATE OF !		/ DEPAR					IENTAL HYGIL			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		3. TIN	ME OF DEATH
1 1	OTIS		E		ROI	WPE	-		AUG =	21 19	GAH C	7530 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)		R 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	1 6	BIRTHPLACE	(State or Foreign
	143-01-5129	1 🔀 M 2 🗌 F	82	82 YRS. MONTHS DAYS				MIN.	(Month, Day, Yeer) Sept. 2,		Country)	ick, GA
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATION			OF DEATH	ICK, CA	
18	Holy Cross Hospi	tal				Silv	er Sp	rino	1	Mo	ntgom	erv
DIRECTOR									,		-5-	
쁘	10a. STATE 10b. COUNTY			10c. CIT		OR LOCA						NSIDE CITY LIMITS?
	District of Colu	ımbıa					ingto	n				YES 2 NO
I A		- 1 NT T	т.			101	ZIP CODE	1			N OF WHAT C	
FUNERAL	1401 Varnum Stre	12. WAS DECEDEN					2001				ted S	
	1 Never Married 2 Married	FORCES? 1	YES 2		13.	If yes, sp	ecify Cuban,	Maxican.	C ORIGIN? (Specify , Puarto Rican, atc.)	Yaa or No- 14	Black, White	
BY	3 Widowed 4 Olvorced	IF YES, GIVE V	MAR OR OATES			1 YES	2 💢 NO	Specify:				frican
	15. DECEDENT'S EOUC		18a.	DECEOENT'S	USUAL C	OCCUPATION	ON		16b. KINO OF	BUSINESS/INDUS	Ameri	Call
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working		100			
		4		Ann	uita	ant			D. C.	Govern	nment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAM	E (First, Middle, Maid	en Surname)		
BE	Emmanuel Troupe						An	in He	ester			
2	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or			
	Otis Holloman T	roupe		3600	26th	ı Str	reet,	N.E.	., Washir	igton, l	D. C.	20018
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Remo	oval from Stata	cemetery	CEAND DATE	ther place	d.				LOCATION — CIT		
	4 Donation S Other (Specify)		Linc	oln M	emor	ial			9/3/94	Suitlar	nd, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	_			RT FU		L HOME			
	John / Slewart III 4001 Benning Road, N.E., Washi									ngton	, D.C.	
	PART I. Enter the diseases, or c ahock, or heart failure. I	omplications the	t caused the	desth. Do	not ente	r the mo	de of dyln	g, such	ae cerdiac or re	epiratory srres		Approximate
	IMMEDIATE CAUSE (Final											Interval Batween Onaat and Daath
	disease or condition resulting in death)		PROSE	P515								741.
		OUE TO	(OR AS A CONS	SEQUENCE O	F):		121 114	۸				
N	Sequentially list conditions,		ARDIO			DK	4 1	MRK	EST			
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONS	SEOUENCE O	F):							
임	CAUSE (Disease or injury	DUE TO	(OR AS A CONS	SECULENCE O	6).							
E	that initiated events rasulting in death) LAST		(on the first out)	SCOUCHUL O							į	
핑		l										
AL.	PART II. Other algnificant conditions	a contributing to	death but no	t reaulting	in the u	nderiyin	g cause gl	ven in P		AN AUTOPSY ORMED?		AUTOPSY FINDINGS ABLE PRIOR TO
음	1 Use 2 K NO COMPLETION OF CAUSE DF DEATH?										LETION OF CAUSE	
ME	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i, Performed? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO											
ž												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF GEATH (Check only one) HOSPITAL: OTHER:												
PHYSICIAN:	1 ☐ YES 2 🔀 NO	1 Inpatiant 2			4 🗌 Nu	rsing Hom		Idenca 8	Other (Specily)			
표	27. MANNER OF CEATH 10 Natural 5 Pending	28a. OATE OF (Month, D		28b. TIN	IE OF JURY		RK?		28d, DESCRIBE HO	V INJURY OCCU	REO	
B	2 Accident Investigation	200 BLACE O	E IN HIRV	h	M	1 🗆 '		\rightarrow				
	3 Suicida 8 Could not be 4 Homicide determined	building,	of INJURY — At etc. (Specify)	nome, :arm,	streat, fac	ctory, offic	a		28f. LOCATION (Stre City or Town, Sta	et and Number or te)	Rural Route N	umber,
COMPLET	29a. CERTIFIER . 83			<u>:</u>								
MP	(Check only 1 12 CERTIFYING PHYSIC											
8	2 MEDICAL EXAMINER		Administration and/	or investigation	en, in my	opinion, d	eath occured	a at the ti	me, data and place,	and due to the o	ause(a) and n	nanner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	15					29c, LICEN				IGNED (Month	
0	CANALAN ID Allower 1 1994											

29c. LICENSE NUMBER
D4349 who completed cause of Death (ITEM 27) (Typo, Print) August 31, 1994 MOHAMORO 31. DATE FILED (MONTH), DEV. SEP 0 7 1994 KHALID 20902 34 REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89

. 11 61	11.40	A E
BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ly filled in by the funeral director, page 5 should be detached for use as the burial-transit per ation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 0

1994

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLA				DEATH	MENI	AL HYGIEN REG. NO	-		
1. DECEDENT'S NAME (First	, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
Josep	h A		Too	mev				Se		1994	YEAR	3:04 AM
4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. last birthda	y) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	2224	8. BIRTH	IPLACE (State or Foreign
502-10-2718		1 XM 2 □ F		79 YRS	MONTHS	DAYS	HOURS MIN.		onth, Day, Year)	1015	Count	· .
9e. FACILITY NAME (If not in		treet and number)			9b. CIT	Y, TOWN (OR LOCATION OF D		ch 23.	1915 9c. cou	Was	hington DC
5003 Raybur	n Cour	t (R	eside	ence)	C	ama C	Ingina					
RESIDENCE OF DEC			COLGC	arce)		zinb s	Springs			Prin	ce G	eorge's
10e. STATE	10b. COUNTY	,		10c. (CITY, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
Maryland	Prince	e George	¹s		Camo	Spr	ings					1 YES 2 NO
10e. STREET AND NUMBER					00014		1. ZIP CODE		-	10g. CITI	ZEN OF V	WHAT COUNTRY?
5003 Rayburi	n Cour	t.					20748			TT 1	- 7	Q
11. MARITAL STATUS		12. WAS DECEDEN		U.S. ARMED	13	. WAS DEC	CENDENT OF HISPA	NIC ORIC	GIN? (Specify Ye	or No		States E – American Indien.
1 Never Merried 2 📉		FORCES? 1		2 NO		If yes, sp	ecify Cuban, Mexic	en, Puert			Black	k, White, etc.
3 Widowed 4 Divo	orced					1 123	NO Speci	ıy.			Spec	ite
15. DEC	EDENT'S EDU	CATION	1	18e. DECEDENT				1	6b. KIND OF BU	SINESS/IND		ICC
(Specify only Elementary/Secondary (C	y highest grade	College (1-4 or 5	4)	(Give kind life. Do NO)	of work done use retired.	during mo	ost of working					
12	,	4	''	Serv	ice M	lanaa	026		71	1		
17. FATHER'S NAME (First, M	fiddle, Last)			DCIV.	rce M	allag	18. MOTHER'S NA	ME /Elm	Automo			
Joseph Clad										Surriame)		
190. INFORMANT'S NAME (1				405 1444			Paulin				_	
Jasie Toome				5003	Rayb	urn (ond Number or Rural Court, C	amp	Spring	m. Stete, Zip S, Mar	ylar	nd 20748
200. METHOD OF DISPOSIT				LACE AND DAT	E OF DISPO	SITION (Na		-		CATION -		
1 M Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata	- Cemet	tery, crematory o	r other place	Como-	town Con	T 13	04 51	_ 7	1	,Maryland
21. SIGNATURE OF FUNERA	L BERVISTE LIC	ENSEE	1101		22	NAME A	ND ADDRESS OF FA	CILITY	941 BI	adens	burg	,Maryland
11.1	11	111	1					Te	e Fune	ral H	Iome,	Inc 6633
1/13	1 -1	Mus	la		10	Id A	Tournadow	Don	D	7 07:	nton	Ear Irach C
23. PART I. Enter the di	10-00						lexander	rer	ry Roa	a,CII	TILOI	r, maryrand
sheek a- b	iseasea, Dr C	omplications tha	t caused t	tha deeth. Di			da of dying, au					Approximata
ahock, Dr h	eert feilure.	List only one cau	ise on eac	ch line.	not enta	r the mo	oda of dying, aud	ch as ca				Approximata Interval Between
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ahock, Dr h	eert feilure.	List only one cau	ise on eac	ch line.	not enta	r the mo	oda of dying, aud	ch as ca				Approximata Interval Between
ahock, Dr h IMMEDIATE CAUSE (Fir diseese Dr condition	eert feilure.	List only one cau	ise on eac	ch line.	not enta	r the mo		ch as ca				Approximata Interval Between
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	1 - FOR STATE REGISTRAR	OF MARYLANI	D / DEPAR	RIMENT OF H	EALTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET ANN TAL		2. DATE	of DEATH	"1994 ^{vi}	EAR 3.	TIME OF DEAT 2:15	Рм			
		1 M 2 X F 72 YRS. MONTHS DAYS HOURS MIN. J. MOUTH								York	reign
TOR	9a. FACILITY NAME (If not institution, give street and numb 21 Windjammer Rd. Oc RESIDENCE OF DECEDENT	n LOCATION OF	F DEATH 9c. COUNTY OF Worces								
DIRECTOR	10a. STATE 10b. COUNTY Maryland Worcester			ry, town on locateriin	TION		10	d. INSIDE CITY LIMITS?			
FUNERAL	1 ☐ Never Married 2 ☐ FORCES? 1 ☐ YES 2 ☐ NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)									T COUNTRY?	
ВУ									RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Size kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. HOUSE WIFE								FRY .		
OME	12 Housewife Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Melden Surneme)										
BE C	John Donovan Jane Smith										
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a					de)		
-	Edmund Charles Tallma			A Ocean			in, ME		811		
	20s. METHOD OF DISPOSITION Duriel 2 A Cremation 3 Removal from State										
	W. Kit Bula	ge			age Fu		Home			ns St. D 218	11
	23. PART I. Enjet the diseases, or complication shock, or heert failure. List only of IMMEDIATE CAUSE (Finei disease or condition reaulting in deeth)	fastatic	Ilne.	Ca	nde of dying, s	uch as car	diec or respi	retory arrest	,	Approximinterval Bonset and	etween 1 Death
CERTIFICATION	rany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	UE TO (OR AS A COR									
CER	resulting in deeth) LAST										
: MEDICAL	PERFORMED? AVAIL. 1 YES 2 NO OF OE							ERE AUTOPSY FI AILABLE PRIOR DMPLETION DF (FOEATH?	TO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATN	Check only o	ne)				
SIC	EXAMINER? 1 YES 2 NO 1 Inpetie	L: nt 2 DER/Outpetler	nt 3 🗆 DOA	OTHER:	ne 5 Resident	e 8 🗆 Othe	er (Specify)				
PHY	(M	TE OF INJURY	28b. TIN		PURY AT	28d. DE	SCRIBE HOW II	NJURY OCCUR	ED		
BY	Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						17
8	3 Suicida a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							e Number,			
COMPLET	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the base								ause(s) a	nd manner as e	tated.
MI	200. SIGNATURE AND TITLE OF CERTIFIER	11)		29c. LICENSE I	UMBER		29d. DATE S	IGNED (M	onth, Day, Year)	
D B	NOT U	4	MI)	DAG	27	8		11-9		
F	30. NAME AND ADDRESS OF PERSON WNO COMPLETE Dr. David E. Cowall,	M.D. 1	45 E.		St. Sa	lisbui	ry, ME	2180	01		
12	31. OATE FILED (Month, Day, Year) 32. REF	STRAR'S SIGNATUR	RE Randas	u,							

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIF	CATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
- 8	Gertrude M. Unde	rwood				SONTH	ember	4. 1994	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	IF UNDER 24 HRS.	7. DATE OF			HPLACE (State or Foreign		
	218-03-6145 1 N 2 N	93	YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	sy, Year)	Count	(ער
	ga. FACILITY NAME (If not institution, give atreet and numb	7.		9h CITY TOWN C	OR LOCATION OF DE	9-6-1		e. COUNTY OF D	ryland
<u>۳</u>	96. C								
l E	Livingston Health Care	Center		Fort	Washingt	on		Prince	George's
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY
0	Virginia Fairfax		1	Centrev	i11e				LIMITS?
AL	100. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF 22020								WHAT COUNTRY?
FUNERAL									SA
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No								E — American Indian,
BY F	IE VEC CIVE WILD OD DATES ATT							Spec	k, White, etc.
	The state of the s							Spoc	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KINO OF BUSINESS/INDUSTR						ESS/INDUSTRY		
٣	Elementary/Secondary (0-12) College (1-4	Ma	Do NOT us	e retired.)					
¥	10th Housewife Home							ome	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	le, Maiden Sun	name)	
BE		ge Bryan			Unk	nown	1	Norris	
0	19n. INFORMANT'S NAME (Type/Print)	198	. MAILING	ADDRESS (Street ar	nd Number or Rursl F	loute Number, (City or Town, S	itate, Zip Code)	
	George S. Underwood	6	<u>534 (</u>	Creek Ru	n Drive	Centre	ville.	. Va. 2	2020
	1 X Burlet 2 Committee 3 Removal from Sta	20b. PLACE A	MODATEO	E DISPOSITION /No	me of	DATE	200 LOCAT	TON CHARLET	
	4 Donation Other (Specify)	St."M	ary's	Church	Cem. 9	-7-94	Clint	ton, Ma:	ryland i
	The state of the s			GEOTO	e P. Kala	CLITY	oral I	Homo	
	· fun o falls			6160	Oxon Hil	asrum 1 Ra.	Ovon F	Hill M	a 20745
	23. PART i. Enter the diseases, or complication	a that caused tha da	ath. Do n	ot anter the mod	da of dying, auch	as cardiac	or reapirate	ory arrest.	Approximata
	Shock, or heart femula. List only on	cause on aach lina							interval Batween
	Onset and Deat of Conset and Dea								
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z		4501		U					
CERTIFICATION	ii arry, laading to immediata	E TO (ON AS A CONSEC	UENCE OF):					
2	CAUSE (Disease or injury								
	that initiated evanta Duresuiting in death) LAST	E TO (OR AS A CONSEC	UENCE OF):					
斯	d								
	PART II. Other aignificant conditions contributir	g to death but not re	esulting in	the underlying	cause given in i	Part i. 24e	. WAS AN AUT	TOPSY 24h	WERE AUTOPSY FINDINGS
DICAL	PROGRESIME PEN	of insuti	FURI	ver A	Fini		PERFORMED	07	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш	0	7	, ,,	01)	YES 🗽	NO	OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Che	at ant and			
Sic	EXAMINER? 1 YES 2 PRO 1 Ingester	2 ER/Outpatient 3	_ noa	OTHER:			2020		
Ŧ	27. MANNER OF GEATH 28a. DAT	E OF INJURY	28b. TIME		5 Residence (5 U Other (Sp. 28d. OESCRIE		BY OCCUPED	
	Natural 5 Pending	nth, Day, Year)	INJU	IRY WOR		ZOG. OZGONIE	JE NOW INSUI	NY OCCURED	
ВУ	3 Suicide 8 Could not be 28a. PLA	CE OF INJURY — At hor	ne, farm, st			28t. LOCATIO	N (Street and 8	Number or Rural R	husta Alsenhar
COMPLETED	4 Homicide determined	ding, atc. (Specify)				City or To	wn, State)	various or rigidity	oute Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the h	and and are a bosonia document							
N N	(Check only one) CERTIFYING PHYSICIAN: To the be one) CERTIFYING PHYSICIAN: To the be one)	ot examination and/or in	un occurre	In my opinion, data a	and place, and due t	to the cause(a)	and mannar	as stated.	
	29b. SIGNATURI AND TITLE OF CERTIFIER						piacs, sna au	in to the cause(s)	and manner as stated.
BE	2 CENTIFIER				29c. LICENSE NUM	BER 7/10	29	d. DATE SIGNED	(Month, Day, Year)
2	III. NAME IND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (IT-	270 (7	Daviest .	\mathcal{L}_{I}	431		7/5	129
	FORM RIALIM	A LAS	(/ L)	1 // 1/	121#	and 1	14.	11:11	M/21-1
100	MATTER STATE OF THE STATE OF TH	U1 (01(Y) (1 Can	1 1011	100116	01 (KAI	my.	114 1019
	A. DATE FILED (Month, Day, Year) / 32 DECL	STRAR'S SIGNATURE S				9 9	(0-		
	SFP 0 6 1994	TRAR'S SIGNATURE	deptel			<u> </u>	(00		10

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit, be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

or after	r use a		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	/ TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a		45
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O THE	3 THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

BE COMPLETED

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that initiated eventa resulting in death) LAST

Sequentially list conditiona,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

										9	4 6	2010	U
	1 - FOR STATE REGISTRAR	STATE OF I		DEPAR ERTIF					MENTAL HYGI				
- 3	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF DEATH			3. TIME OF	DEATH
- 1	EDSON R.VIEIRA								MONTH SEPT	O.7	YEAR 94	15.0	0 F M
	4. SOCIAL SECURITY NUMBER	. 5. SEX	5. SEX 6. AGE (In yrs. last			rthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH	6. BIRTH	6. BIRTHPLACE (State or Foreign		
		1 M 2 F	21	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year Dec. 19		Icar	a, Bra	azil
	9a. FACILITY NAME (If not institution,	give street end number)			9b. CIT	, TOWN	OR LOCATI	ON OF DE			UNTY OF D		1011
DIRECTOR	UNIVERSITY M				В	ALT:	IMOR	E (CITY		Tait.		
E E	10e. STATE 10b. CO			10c, CIT	Y. TOWN	OR LOCAT	TION					10d. INSIDE	CITY
E	Maryland Mo:	ntgomery			,							LIMITS	
	10e. STREET AND NUMBER] 5.	llver		cing	-		140- 01	TITEN OF I	1 YES 2	
FUNERAL		TT				100						WHAT COUNTY	177
H	4005 Postgate			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 1.					1				
3	11. MARITAL STATUS 1 Never Married 2 Merried	IT EVER IN U.S. AP	NO					IC ORIGIN? (Specify n, Puarto Ricen, atc.)					
B	3 Widowed 4 Divorced	MAR OR OATES 1			1 TYES	*∏ NO	Specify	?		Specify: White			
۵	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTR							IDUCTOV	WIIII	.е			
Ë.		(Specify only highest grade completed)				(Give kind of work done during most of working life. Do NOT use retired.)			100. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)				Construction						
N	17. FATHER'S NAME (First, Middle, Las	1		Carpenter Construct 18. MOTHER'S NAME (First, Middle, Meiden Surneme)						n			
	Ramiro Manoel									en sumeme)	'		
#	19e. INFORMANT'S NAME (Type/Print)	,10114	10	h MAILIN	ADDDEE	E (Ctmat a			anolli oute Number, City or	Form Other 1	2.0.41		
2	Edson Vieira												
	200. METHOD OF DISPOSITION							race	Silver				06
	1 Buriel 2 Cremellon 3x		20b. PLACE of cemetery, cre	matory or o	ther place!					LOCATION -	•	·	
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Munic	<u>lpal</u>				SS OF FAC		nta Ca	atari	na I	<u>Prazil</u>
									uneral H	nme I	РΔ		
	rout c.	Evans	. The						is Rd. B			0715	
	23. PART I. Entar tha diseasea	, or complications the	t caused the de	eath. Do	not entai	tha mo	da of dy	ing, suct	aa cardiac or re	apiratory a	rreat,	Appro	ximata
	anock, or haart fall IMMEDIATE CAUSE (Final	ura. List only one cau	use on each line	1.								11.100	and Death
	disease or condition	Hum	n Kin	A 1-	EC 11		úЛ.	044	57				
	resulting in death) a. DEC TWO WEST TWO WEST									1			

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED SWYJECT FALL OFF TRUSS 1 Netural Pending Investigation 1 YES 11571 - 29-94 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, streel, fectory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homleide SITE GOSHEFELANE. CROFTON AACOUNT CONSTRUCTION 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beele of exe r investigation, in my opinion, death occured at the time, date end piece, and due to the ceuse(e) end menner ee stated, MATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

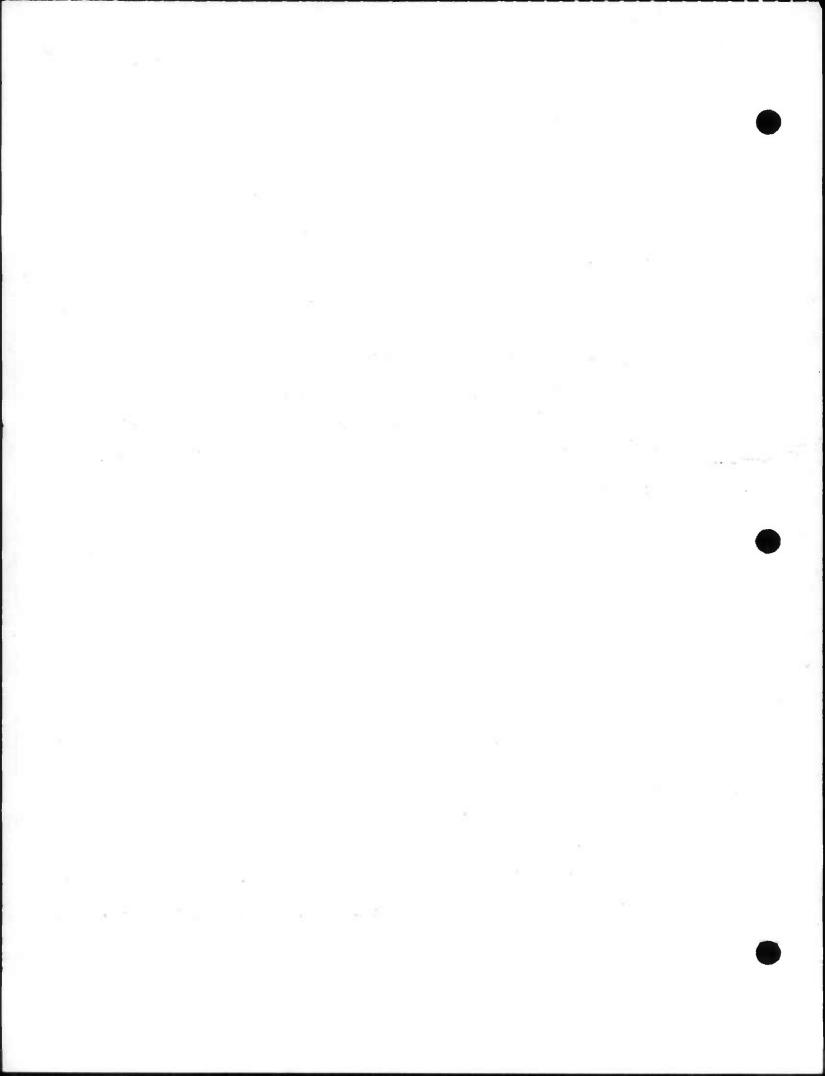
24e. WAS AN AUTOPSY

PERFORMEO? 1 YES 2 NO

32. HIGHTRAND SIGNATURE PANCALL 31. DATE FILED (Month, Sey, 7er) 1994

02/94

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lust) 2. DATE OF DEATH THOUGH 7: Sam 7: Sam	м
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign	
Ī	218-66-1437 PRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Dec. 3, 1939 Wash. DC 90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
DIRECTOR	Greater Laurel Beltsville Hosp. Laurel Prince Georges	
JEC.	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	
	Md. Prince George's Beltsville 1 VES 2 XNO	
FUNERAL	5015 Manheim Rd. 20705 U.S.A.	i
BY FU	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1	
ED	15. DECEDENT'S EQUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	_
COMPLETED	Elementary (3-condary (0-12) College (1-tor 5+) Custodian Horticulture	
ŏ.	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)	Z.
BE C	Herbert A. Via Dorothea Virginia Reid 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number City of Town State 7to Code) 22443	9
욘	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 267 Barnes Blvd., Colonial Beach, Va.	
	20b. PLACE AND DATE OF DISPOSITION OF DISPOSITION OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DATE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
	Nash & Slaw, Colonial Beach, Va.	
	23. PART I. Enter the diseases, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate	
	IMMEDIATE CAUSE (Final	
	disease or condition resulting in death) a. #################################	
Z	DUE TO (UN AS A CONSEQUENCE OF):	
CERTIFICATION	Sequentisity list conditions, If any, laading to immediata DUE TO (OR AS A CONSEQUENCE OF):	
S	CAUSE (Disease or injury	
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST	
	d.	
SP	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, Performed? 248. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO	,
	1 VES 2 NO COMPLETION OF CAUSE OF OEATH?	
CIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMMER 2 26. PLACE OF DEATH (Check only one)	\exists
HYSI	1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 280. OATE OF INJURY (Month, Day, Vear) 28b. TIME OF INJURY WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED	
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)	٦
MPLE	29e. CERTIFIER (Check only (Ch	\exists
COM	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) and manner ee stated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFIER ##-D. 29c. LICENSE NUMBER ##-D. 29d. DATE SIGNED (Month, Day, Year) ##-D. 9 · 11 · 94	
=	M. YUSUF M.D. 3450 fort mexice Road Lancel MP. 20707	
	31. OATE FILED (Morith, Day, Year) SEP 1 4 1994 Julia Duurelan Rodel	7
	021 1 £ 1004	- 1

27 SHING HAST 300 54c

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20705

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poroches Virginia seligana merbert A. Via 207 Marnes alvd., Colonial Feach, Va.

Historyland dem. Pk. 9/13/94 King Learne, m.

wash & Slaw, Colonial Jenen, to.

The same

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		BRIAN		WA	SHINGTO	ON	SEPT. 05	1994	9:10 Pm
		4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE	(In yrs. iast birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	THPLACE (State or Foreign
	- 8	578-90-8671	1 W M 2 D F 10	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		untry)
말~~~		9e. FACILITY NAME (If not institution, give stre		7	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	Sh. D.C.
(7)	стоя	PRINCE GEORGES	HOSPITAL	CENTER	CHEVE	RLY		PRINC	CE GEORGES
(4)	ш	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
bermed	AL DIR	Maryland Prin	ce George'	's Ch	everly *	of. ZIP CODE		10g. CITIZEN O	YES 2 NO
age of the second	FUNER	3514 54th Ave.				2078	4	Unite	d States
215-0020 attending physician se as the burial-tragsit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	e or No 14, R/	ACE — American Indian.
5-0020 nding physic is the burial	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			pecity Cuben, Mexica S 2√□ NO Specif	in, Puerto Ricen, etc.)		eck, White, etc.
5-C						^ X		B1	ack
2121 al or atte for use a	日	15. DECEDENT'S EDUCA (Specify only highest grade of		(Give kind of	Work done during m	ION lost of working	16b. KIND OF BU	SINESS/INDUSTRY	1
		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)				
Nospi ached	COMPL	12		Landsc	aper		Lands	aping	
YLAND by the hospit be detached at once.	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)	
	BE	Brennan Washi	ngton			Barba	ara Coher	15	
MARYLAND retained by the hospil should be detached notified at once.	2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
40 do		Barbara Cohen	<u>s</u>	3514	54th /	Ave. Hy	attsville	Md.	20784
IORE, I e 6 may be ector, page 5		20e. METHOD OF DISPOSITION 1 V Buriel 2 Cremetion 3 Remove		netery, cremetory or o		lame of	DATE 20c. LO	CATION City or	Town, State
MO ge 6 ffrecto		4 Donation 5 Other (Specify)		larmony	Mem. H	Park	9-1094 L	<u>andove</u>	r Md.
BALTIMORE, after death. Page 6 may b y the funeral director, pag moval. cal examiner must be	- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	Dee 0	141110113	22. NAME A	FM an Film	eral Ser	٧.	
ALL deat tun		* Maine	MSON-1	alley	1425		e. N.E.		D.C. 20001
BA rs after of the the removal.		23. PART I. Enter the diseases or co	mplications that cause	d the death. Do		Dde Df dving, auc	h as cardiac or rean	iratory arrest	Approximate
5 E . W.	- 1	shock, or heart failure. Li	ist Dniy Dne cause Dn e	ach line.		out Di uying, Euc	in as cardiac bi reap	rathry arrest,	Interval Between
S O E		iMMEDIATE CAUSE (Final disease or condition	0 14	-) (111	L 00 1	00	1	Onset and Death
= 0 0 -		resulting in death)	DUE TO (OR AS	Wound	1(2)2	o Chest	and Ba	ck	
B 5-1 6			DOE TO (OR AS)	CONSEQUENCE O	F):				
5 ° 0 E	CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE O	F)·				
Se da de O	AT	if any, leading to immediate cause. Enter UNDERLYING		O TOTAL O	• ,•				
Fe phy Fe phy	윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
A SI	E	resulting in death) LAST			,				1
DS, P he death the attend Mental H njury, or	핑	d.							
in the parties of the	A	PART ii. Other aignificant conditions	contributing to death b	out not resulting	in the underlyin	ig cause given in			4b. WERE AUTOPSY FINDINGS
RECORI requires that to been signed by t. of Health and shows any is	MEDICA						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that peen signed b of Health ar shows any	Ä								OF DEATH? 1 YES 2 NO
w requirements of the	-	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YE	S II NO I	UNCERTAIL	<u></u>		
AL has De	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA			, , ,		
/ITA	S		HOSPITAL: 1 ☐ Inpatient 2 ਊ ER/Outp	patient 3 DOA	OTHER:	ne 5 🗆 Residence	a - Other (Care)(1)		
PHYSICIAN: The this certificate with the State inked, or Item	Ξ	27. MANNER OF DEATH	26e. DATE OF INJURY	001 700	5.05 Las	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
NG PHYS fiter this ceath with marked,	- 14	1 Natural 5 Pending	9/C/C V	245 N.	ORY WO	ORK?	C/ ()	4 1	+
NDING R t: After r death is mar	8	2 Accident Investigation 3 Suicids 8 Could not be	28e. PLACE OF INJURY	— At home, farm,	-	X	281. LOCATION (Street	and Number or Run	I Boute Number
TEN TOR: after		4 Homicide 8 Could not be determined	building, atc. (Spec	roadwa			City or lown, State)	21	Prince george
DIVISION DIVISION HDSPITAL DR ATTENDING FUNERAL DIRECTOR: After Within 72 hours after death TANT: If item 28 is ma	COMPLET	29e. CERTIFIER			7		MIX	cy Pla	Ce mary land
TAL DAY NO NO NO NO NO NO NO NO NO NO NO NO NO	₽ B		AN: To the best of my know						
DIV TO THE HDSPITAL DR A TO THE FUNERAL DIREC Se filed within 72 hours IMPORTANT: If item	8		On the basis of exeminatio	n end/or investigatio	on, in my opinion, o	death occured at the	time, data and place, en	d due to the cause	e(e) end manner ee stated.
ORT.	w II	296 SIGNATURE AND TITLE OF CERTIFIER	//)	9		29c. LICENSE NUI			ED (Month, Day, Year)
TO THE POST TO THE POST THE PO	TO B	1 presidere l	1. Thens	, my).	0.C.1	1.E.	▶ SEPT	.06,1994
(2)	-	30. NAME AND ADDRESS OF PERSON WHO	. //						
(1)		THEO DURE!	4. Kika 1	11 Pen	n Stree	et, Bal	timore, M	larylan	d 21201
		31. DATE FILED (Month, Day, Year)	32. REGISTRAL'S SIGN						
		SEP 0 9 1994	Guna Previol	ion-Mandell	Lo				

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	AN.	ifical	be filed within 72 hours after death with the State Dept. of Heafth and Mental Hygiene prior to burial, cremation, or removal.	r ite
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SEP 0 8 1994

	FOR STATE REGISTRAR		STATE OF I		/ DEPAI					MEN	TAL HYGIEN				
	1. DECEDENT'S NAME (First,	Middle, Last)									ATE OF DEATH		- 2	3. TIME OF DEATH	
	Iea	n Eli	zabeth W	atkins							Se.10 4	MY	1994	8:55am M	
	4. SOCIAL SECURITY NUME	55	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDE		7. D/	TE OF BIRTH		a. BIRT	HPLACE (State or Foreign	
	216-48-59	55	1 🗆 M 2 💢 F	4	16 YRS.	MONTHS	DAYS	HOURS	MIN.	FE	B.2, 1	948	MAR	YLAND	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DI			9c. COL	INTY OF	DEATH	
OR	DOC.	tors C	ommunitu	Hospia	al	10	nhan	L. MD)			DH	ino	Georges	
당	RESIDENCE OF DEC	10b. COUNT				ry, TOWN (1 [//	AHICK		
DIRECTOR	MARYLAND		CE GEOR	CEIC	100. CI	SEA!			יחזאאי					10d. INSIDE CITY LIMITS?	
1	10e. STREET AND NUMBER	1 1(11)	CH OHOK	GE 5		DLA.		. ZIP COD				10- 00	1X YES 2 □ NO		
FUNERAL	6416 GREIG STREET #102 20743 USA								WHAT COUNTRY?						
N S	11. MARITAL STATUS	01(2)	12. WAS DECEDEN			13.	WAS DEC	ENDENT (IGIN? (Specify Ye			E — American Indian,	
	1 Never Married 2	-		MAR OR DATES	ОиО		It yea, sp		nn, Maxica	in, Pue	rto Rican, etc.)		Blac	ck, White, etc.	
ВУ	3 Widowed 4 Divo	rced				l_				,				BLACK	
TED	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		DECEDENT'S (Give kind of	work done	CCUPATIO	ON st of worki	ng	\neg	16b. KIND OF BU	SINESS/IN	DUSTRY		
"	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	lite. Do NOT u	,	3.00					C 0 1 1 1	. /-	. ~)	
COMPLET	10th 17. FATHER'S NAME (First, M	iridia Lasti		C.F	FETE	KIA	ASS	_				-	· (P	.G.)	
			LIAM DA	VIS.	r p			18. MQ1			st, Middle, Maider CIE BL	- '			
BE	19a. INFORMANT'S NAME (7)		JIAN DA			ADDRESS	S (Street a	nd Numbe					in Codels a	ARYLAND20743	
2	PATRICIA	ANN I	HALL/ D	TR.	6416	GRI	EIG	STR	EET	Al	PT.#10	2 SE	AT P	LEASANT,	
	20g. METHOD OF DISPOSITI	ON		20b. PLAC	E AND DATE	OF DISPOS	SITION /Na	-		_		CATION -			
	1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) HARMONY MEMORIAL PARK 9-10 LANDOVER,								MARYLAND						
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE /)		22.		ND ADDRE			TO BILL	דגמת	770	ME 20785	
Щ	Juan	ana	X-10	laxi	M		174	LAN	DOV	ΕR	ROAD	LAND	OVE	R, MARYLAND	
	23. PART I. Enter the di shock, or he	seases, or o	Complications that List only one cau	it caused the use on aach li	daath, Do na.	not antar	tha mo	da of dy	ing, suc	h aa c	ardiac or resp	iratory ar	rest,	Approximata intarval Between	
	disease or condition He votic Failute									Onset and Daath					
1 1	a. Hepatic Failure Due to (or as a consequence of):								unknown						
2	Metastatic Liver Disease unknown														
은	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION	cause. Entar UNDERLYI CAUSE (Diseasa or Inju	NG rv	c. <u>Metast</u>	atic Ma	ligna	ncy	Prim	ary	Unkn	.owv	ı			Unknown	
ᄩ	that initiated evanta resulting in death) LAS														
빙			. Rectal	bleear	ng Se	cona	ary	το A	bove					Unknown	
	PART ii. Other significa	nt condition	a contributing to	death but no	t resulting	in tha un	derlying	cauaa :	given in	Part i	. 24a. WAS AN		24	b. WERE AUTOPSY FINDINGS	
MEDICA				<u> </u>							PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
ME							_							1 TYES 2 NO	
z l	DID TOBACCO		CONTRIBUTE	TO CAL	JSE OF	DEAT	H Y	ES 🖂	NO						
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only	y one)				
ΗXS	27. MANNER OF DEATH		1 S Inpatient 2 28a. DATE OF		_	4 🗆 Nun	sing Hom	_	ssidenca	_	ther (Specify)				
РНУ	1 Netural 5	Pending	(Month, D	Pay, Year)	28b. TIA	JURY		DRY AT RK? YES 2	¬ MO	28d.	DESCRIBE HOW	INJURY OC	CURED		
ВУ	3 Sulaida	nveatigation	28a. PLACE C	F INJURY — At	home, farm,				_ 140	28f. L	OCATION (Street	and Numbe	or Rumi	Boute Number	
TED		Could not be datermined	building,	atc. (Specify)						(City or Town, State)		,	
Ē	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge	death occur	ad at the ti	lme dete	and place	and due	to the	anuncia) and ma		and .		
COMPL	Check only													s) and manner as stated.	
		OF CERTIFIE							ENSE NU					D (Month, Day, Year)	
BE	Vocella	in 1	. /20	bent	202	74/)		9205					mber 6, 1994	
2	30. NAME AND ADDRESS OF				, , , , , ,								-1- 00		
	Dr. Felipe	Robin	son 4987	Batter	.y La	ne B	ethe	sda,	MD	20	1814				
	31. DATE FILED (Month, Day,		32. REGISTRA	r's signature	on-Aan	dall						-			

И В П

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)	ROBERT M.				2. DATE OF DEATH MONTH D		3. TIME OF DEATH 4 8:25 A		
2/8		4. SOCIAL SECURITY NUMBER 241-44-2355	1 X M 2 □ F 61	YRS. MO	UNDER 1 YEAR HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC 2, 19:	32	BIRTHPLACE (State or Foreign Country) NORTH CAROLINA		
s should	ECTOR	98. FACILITY NAME (# not institution, give : 2731 BEL BROOKE RESIDENCE OF DECEMENT				HILLS	ATH	PRIN	CE GEORGES		
(Z)	DIREC	10e. STATE 10b. COUNT	EE GEORGES		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO		
ansit Paris	ERAL	100. STREET AND NUMBER 2731 BELLBROOK ST	REET		101	20748			ED STATES		
ing pl	BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 MYES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Mexican 2 NO Specify:		e or No- 14.	or No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK		
21 al or tor u	COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)			O OF BUSINESS/INDUSTRY C. GOVERNMENT			
5 5 5 €	ш	17. FATHER'S NAME (First, Middle, Last) FRANK BACOTE	0	MITATOE	K		ME (First, Middle, Maiden B. WARREN		IENI		
RE, MAR	TO B	196. INFORMANT'S NAME (Type/Print) MONICA SYDNOR (DAUGHTER) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 4516 Russell Avenue, Mt. Rainier, MD20712									
BALTIMORE, I hours after death. Page 6 may be of in by the funeral director, page or removal.		20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 N Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	coval from State Comet	PLACE AND DATE OF D ery, crematory or other CK HILL C	elece) EMETER	Y	9/2 Rae	ford,N	or Town, State orth Carolina		
BALTIMOF ter death. Page 6 m the funeral director, oval.		· aly	8. Pope J	M859	2238	MAKTRO	RO PIKE,	FURES	AL HOMES 2074 TVILLE,MD		
P.O. BOX 68760 th certificate be executed with ending physician and completely filled in the traumatic event, the or other traumatic event, the	CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C	CONSEQUENCE OF):	l'abe	ti'c /Lear/	Carolion elisea		interval Between Onset and Death		
RECORDS equires that the c en signed by the of Health and Me thows any injure	MEDICAL	PART II. Other significent condition	ns contributing to deeth but	t not resulting in t	he Underlyin	g ceuse given in F	Pert i. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
VITAL I	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) YES 2 \(\text{ NO} \)	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:	ACE OF DEATH (Che		Home	<u> </u>		
OF PHYSICIA	ВУ РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c, INJ	RK?	28d. DESCRIBE HOW	INJURY OCCUR			
ISIO TTENDII TTOR: A after de 28 is	ETED B	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	At home, farm, stree	t, factory, offic		261, LOCATION (Street	t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
월 국 2 두	COMPLE	anal .	ICIAN: To the bast of my knowled						euse(e) end menner as stated.		
THE P	B	296. SIGNATURE AND TITLE OF CERTIFIE	A	7		29c. LICENSE NUM	BER	29d. DATE SI	IGNED (Month, Day, Year)		
10	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri		ARNUI	m St. +	+201	NEDC		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNAT	on-Randale							

S. Inc. May a program of the control of

1	-	FOR STATE REGISTRAI	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

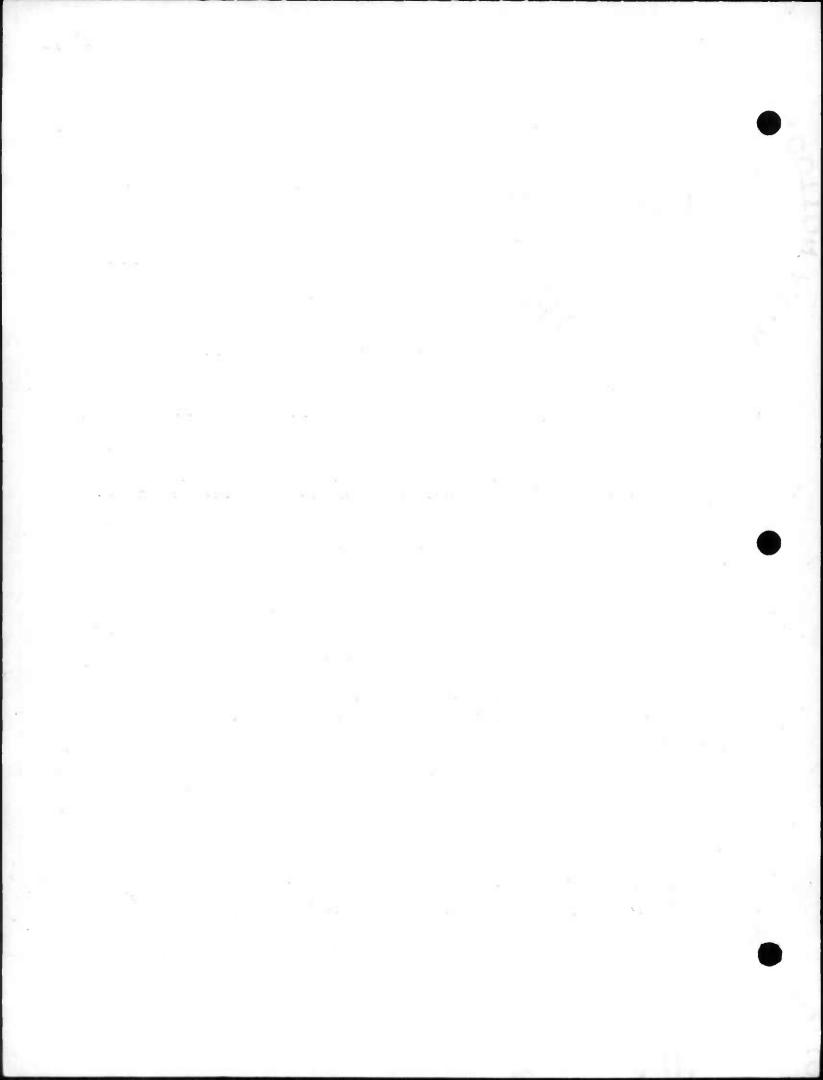
1 - STATE REGISTRAR	OINIE OF MAILIE	CERTIFIC			REG. NO		
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH MONTH D		3. TIME OF OEATH
Mary	R. Weston				August 25.	1994	6:45 A. M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1011	BIRTHPLACE (State or Foreign
577-09-1571	1 M 2 XXF	82 YRS.	ONTHS OATS	HOURS MIN.	December 24,	1911	North Carolina
99. FACILITY NAME (If not institution, glad 6200 Leapley Road RESIDENCE OF DECEDENT	e street and number)	-		on Location of o Upper Mari			y of death ce George's
	e George's	10c. CITY,	TOWN OR LOCA	Upper Upper	Marlboro		10d. INSIDE CITY LIMITS? 1XX YES 2 \(\square\) NO
100. STREET AND NUMBER 6200 Leapley Road	d		10	or. ZIP CODE	0772		N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 (XNO	If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No 14	4. RACE — American Indian, Black, White Teleck Specify: Black
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	(Give kind of wor life. Do NOT use	rk done during m retired.)	ost of working	16b. KIND OF BU		stry vernment)
	2	Supervisor	OT Mair				/errilleric)
17. FATHER'S NAME (First, Middle, Lest) Nathan Collins					Martha Wilso	on	
190. INFORMANT'S NAME (Type/Print) Almedith Williams ([Daughter)	1700 Bay	y Street	, S.E. Was	Apute Number, City of Tour	2000	3 °)
20e. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		p.PLACE AND DATE OF petery, crematory of othe lary land Vete			9/1/94 Che		ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE		/	22. NAME A	ND ADDRESS OF FA			<u>,, </u>
forel (- Indi	21201			ce, N.E. Was	hington	n, D.C. 20019
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS a	A CONSEQUENCE OF): A CONSEQUENCE OF):	ee ca		vaseulo		
Preser	mer dise	resolv	eng		PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL		CAUSE OF		YES N	- 501		
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)			
27. MANNER OF DEATH	1 Inpatient 2 ER/Out	26b. TIME (OF 26c. IN	JURY AT	6 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation		INJUF	M 1 🗆	YES 2 ND			
3 Suicide 6 Could not b		/ — At home, farm, atre cify)	eet, fectory, offi	CO .	26f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
200	YSICIAN: To the best of my know INER: On the beele of examination						
296. SIGNATURE AND TITLE OF CERTIF	alle nis)		DI28	MBER 79	29d. DATE S	SIGNED (Month, Day, Year)
30. HAME AND ADDRESS OF DEBSON V	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P)	(RAF	1000 DI	e LARE	50 M	D 20712
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Non-Randale				/	
CEDO 6 199	4 Juna vaure	MOI - I					

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermedial floater. Page 6 may be retained by the hospital or attending physician. THE FLMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of the floaten with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	a1 .	permit.
020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.
BALTIMORE, MARYLAND 21215-0020	attending	se as the
0.21	pital or	ed for u
AN	the hos	detach
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MAR	retained	5 should
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H	3	pa(
MOF	аде 6 т	director,
ALTI	death. P	funeral
m	ter	the

DIVISION OF VITAL RECORDS, P.O. BOX 68760

s after death. Page 6 may be retained by the hospital or attend	by the funeral director, page 5 should be detached for use as emoval.	dical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as held within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDIA	THE FUNERAL DIRECTOR: Af the filed within 72 hours after de	IMPORTANT: If item 28 Is r	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Alfonso Z.

31. DATE FILED (MONTH), Day, Year)

SEP 0 6

30. NAME AND ODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Valle,

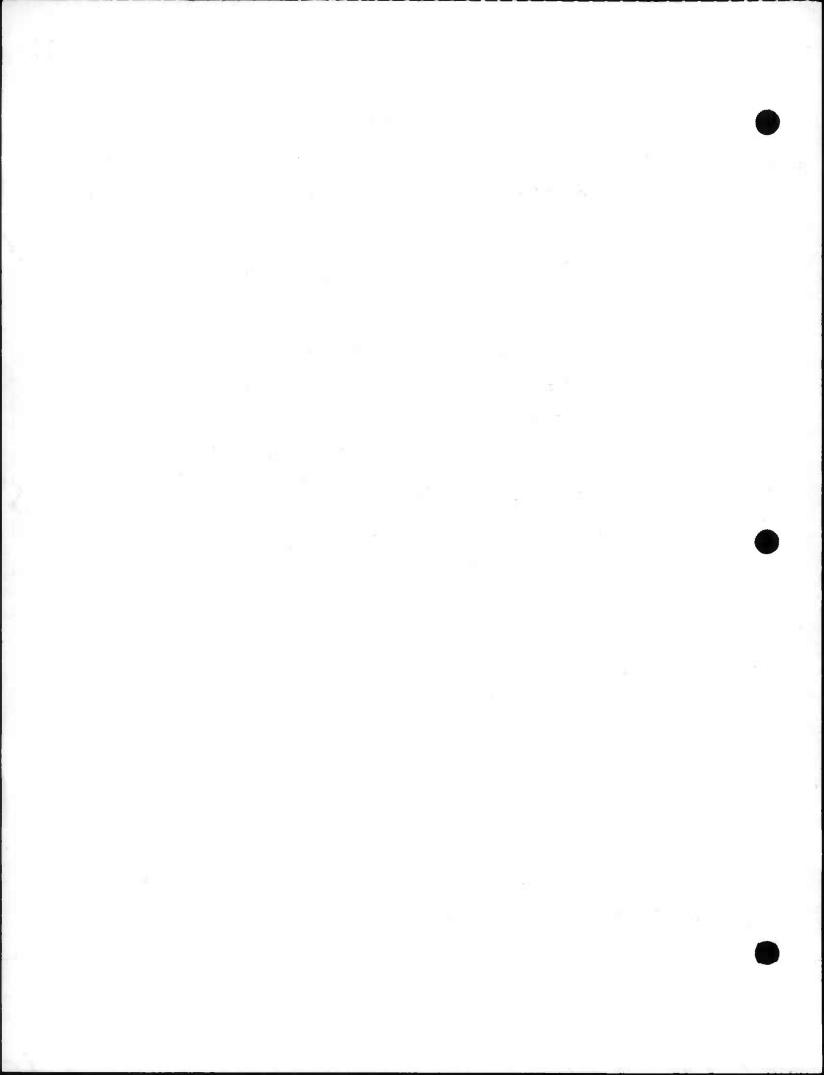
											4	201	00
	FOR 1 - STATE REGISTRAR	STATE OF MARY		ARTMEN IFICAT					YGIEN EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Stanley J	7. W	ieche	rt			2. DATE OF D MONTH Sept 1	DA		YEAR	3. TIME OF 0	
100	4. SOCIAL SECURITY NUMBER 388–18–4644	5. SEX 6. AG	iE (In yrs. lest birthd	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7 DATE OF B	MITH		A DIST	HOLAGE (Out	
Ŋ	9e. FACILITY NAME (If not Institution, give s		75	9h CIT	Y TOWN C	OR LOCATIO	ON OF DE	oune 2	, Day, Near) , 22, 1921 Wisconsin				
DIRECTOR	714 Carnoustie					Wash						George	's
딥	10a, STATE 10b, COUNT		100	CITY, TOWN	ORLOCAT	ION				10d, INSIDE CITY			
E			100.				-4					LIMITS?	**
	Maryland Princ	e George's		Fort Washington						1 ☐ YES 2 Å NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL													¥7
NE	714 Carnoustie I		D 101 11 0 4 DA4FO	1.0			207				S.A.		
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	DATES	1 TES 2 A NO Specify						ORIGIN? (Specify Yee or No— Puerto Ricen, atc.) 14. RACE — American in Black, White, etc. Specify: White			
	15. DECEDENT'S EDU	1942 -	180. DECEDEN	T'S HOURT A	00010471	NA1				INESS/INI			
TE	(Specify only highest grade	completed)	(Give kind	of work done of use retired.	during mo	st of working	g	16b. KIN	D OF BUS	INESS/INE	DUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+) 5+		S. Aiı				Military					
S	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NAI	ME (First, Middle	, Maiden	Surname)			
BE	Albert Wiechert Caro								line Subrod				
10	190. INFORMANT'S NAME (Type/Print) Ellen C. Wieche	ert	714	Carno	ss (Street a Dusti	e La	or Rural F	Route Number, C . Wash	ingt	n, State, Zip	Md . 2	20744	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ROB. PLACE AND DA	or other place on Nat	tiona	ıl Ce			Arli		n, V	own, State	
	21. SIGNATURE OF FUNERAL SERVICE LA	Male			6160	0x0	n Hi	ilas Fu 11 Rd.	0xc	n Hi	11,	Md. 20	745
	23. PART I. Enter the diseases, prospective in the process of the control of the	a. Due TO JOR AS	each line.										dimate I Between and Death
NO	Sequentially list conditions,	arter	A SCHOOL SECUENCE	lesa	tre	M	es	erto	hi	ies	es	e	
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	S A CONSEQUENC	E OF):									
CERTIFICATION	that initiated eventa reaulting in death) LAST	DUE TO (OR AS	S A CONSEQUENC	E OF):									
뮝													
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death	but not reaulti	ng In the u	inderlylng) cauae g	Iven in		WAS AN PERFOR		24b	AVAILABLE PR COMPLETION OF DEATH?	IOR TO
M								_				1 YES 2	□ NO
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH	YES 🗆	NO [UNC	ERTAIN	1 🗆					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	26. PLACE OF D	OTHE		X.	alda a a a	6 Other (Spe	-16.3				
H	27. MANNER OF DEATH	28e. DATE OF INJUR	Y 28b.	TIME OF	28c, INJ		eldence	28d. DESCRIE	_	JURY OC	CURED		
	1 Natural 5 Pending	(Month, Day, Yeer	")	INJURY M	1 N	RK?	NO						
red BY	2 Acctdent Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, fer	m, street, fed				261. LOCATION		nd Number	or Rural I	Route Number,	
	29e. CERTIFIER 1 V CERTIFYING PHYSI	CIAN. To the first of a	ingan a la	550,-540				Television of	07.00				
COMPLET	(Check only 1 A CERTIFYING PHYSI	CIAN: To the best of my knows: R: On the beele of examinat										a) end menner (es stated.
Ö	20h SIGNATURE AND TITLE OF CERTIFIES												

D12879

M.D. 10701 Trafton Dr. Largo, Md. 20772

32. REGISTRAR'S, SIGNATURE Julia Day doon-Randale

▶ Sept. 2, 1994



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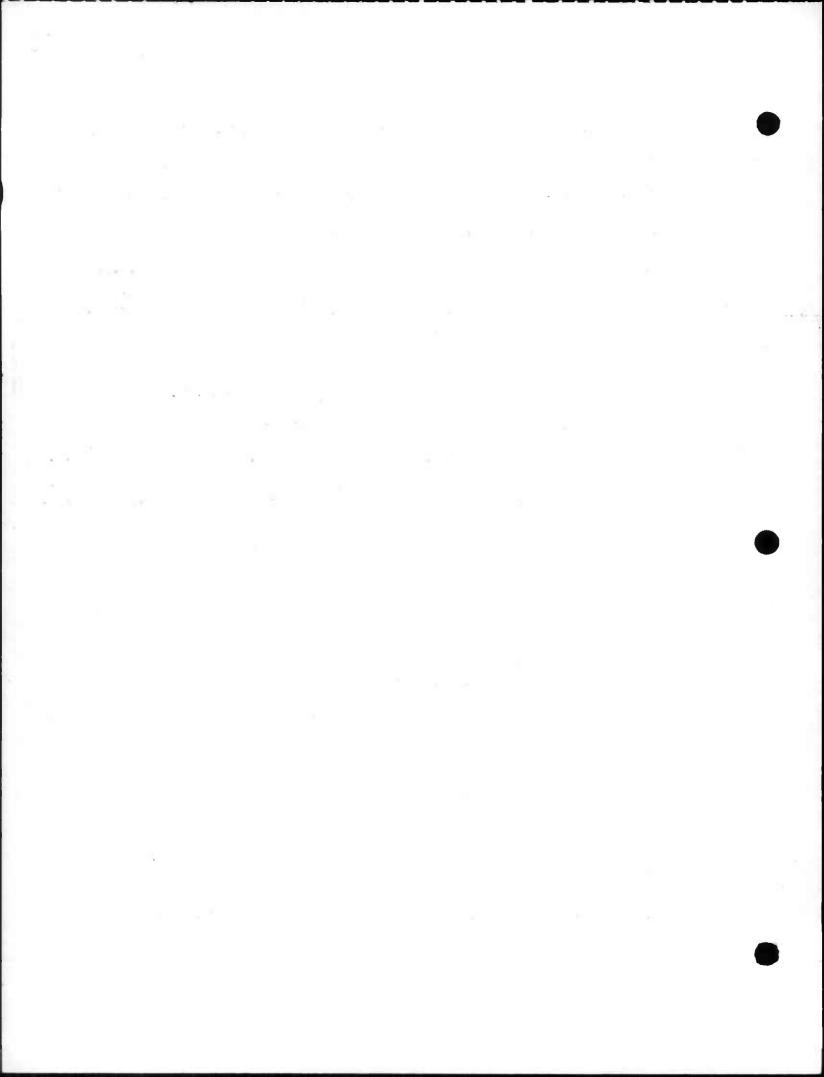
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last) LOSS I E	WOC	TEN		2. DATE OF DEATH AUGUST 27	3. TIME OF DEATH 1994				
			s. last birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign				
	0.0 11 0000	□ M 2 🕏 F 83	YRS. MONT		MAR 9,191					
TOR	99. FACILITY NAME (If not institution, give street Prince georges of RESIDENCE OF DECEDENT			CHEVERLY, M		c. COUNTY OF DEATH RINCE GEORGES				
DIRECTOR	10e STATE 10b COUNTY	E GEORGES		OL HEIGHTS	, MD	10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO				
	10e. STREET AND NUMBER			10f. ZIP CODE	10	Dg. CITIZEN OF WHAT COUNTRY?				
FUNERAL	914 SHADY GLENN			20746		USA				
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES 2 ▼ NO Speci	an, Puerto Rican, etc.)	No— 14. RACE — American Indien, Black, White, etc. Specify: BLACK				
딢	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16/	DECEDENT'S USUAL (Give kind of work do	L OCCUPATION one during most of working d.)	16b. KIND OF BUSINE	SS/INOUSTRY				
COMPLET	otn	College (1-4 or 5+)	DOMESTIC		НОМЕ					
ш	17. FATHER'S NAME (First, Middle, Last) JESSE BULLOCK			18. MOTHER'S NAME (First, Middle, Maiden Surname) BETTY MORGAN						
10 B	196. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Rural	Route Number, City or Town, St	tate, Zip Code)				
ľ	JOYCE BOWE 1402 TRINIDAD AVE N.E. 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DATE									
	1 X Burial 2 Cremetion 3 Ramova 4 Donetion 5 Other (Specify)	from State cemeter HA	y, crematory or other pla	cel	1	LANDOVER, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	V.O.		22. NAME AND ADDRESS OF FA						
Щ	1 aupl	Illian	0		STREET S.E.					
	23. PART I. Entar tha diseases, or come ahock, or heart failure. List immediate CAUSE (Final disease or condition resulting in dasth)	nplications that caused the tonly one cause on each	e death. Do not an line. Mary MERCHER OF DEATH	ter the mode of dying, such	th as cardiac or raspirate	Approximata Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
S	(d_	1	1							
MEDICAL	PART II. Other significant conditions of	contribution to seath but of		underlying cause given in	Part I. 24s, WAS AN AUT PERFORMED 1 YES 2 JA	AVAILABLE PRIOR TO				
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF I	DEATH YES	NO □ UNCERTAI	NI	1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (Che							
HYSI		☐ Inpetient 2 ☐ ER/Outpetier 28s. DATE OF INJUSTY		Nursing Home 5 Residence						
ву Р	1 Natural 5 Pending	(Misroth, Day, Year)	MAJURY	WORK?	28d. DEŞCRIBE HOW INJUI	нт оссинео				
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	M home, farm, street,	lactory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED				na time, date and place, and during opinion, death occured at the		es stated.				
BE	296 SIGNATURE AND TITLE OF CERTIFIES	rider	7/-	29c. LICENSE NU		d. DATE SIGNED (Month, Day, Year)				
OT	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	9 1 Ho	moves faste	way Granted				

32. RESISTRAR'S SIGNATURE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE REGISTRAR	STATE OF M.					EALTH DEAT		MENT	REG. NO.	E		
Ų,	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH		YEAR	3. TIME OF DEATH
	Adalgisa			Wa	gner				Au	g. 30		994	11:10 P M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.		TE OF BIRTH onth, Day, Year)		6. BIRTI	HPLACE (State or Foreign try)
	577-48-6656	1 🗆 M 2 🔀 F	60	YRS.			HOOKS			April 4	4,19		Ítaly
~	9a. FACILITY NAME (If not institution, give str				9b. CITY	, TOWN C	R LOCATIO	N OF DE	ATH			NTY OF	
ē	2021 Brooks Drive	3			F	ores	stvil	le			Prir	nce (George's
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN (OR LOCAT	ION		_		10d, INSIDE CITY		
H	Maryland Princ	e George'	s		Fore	stv	ille						LIMITS?
A	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
E	2120 Brooks Driv	re Apt 707	7					2074	17		U.S.A.		
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT		MED	13.	WAS DEC	ENDENT OF	HISPAN	IC ORI	GIN? (Specify Yea to Rican, atc.)	N? (Specify Yea or No- 14. RACE — American Indian, Black, Whita, atc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	•			2 XNO			to Hican, atc.)		Spec	cify:
		CATION	40. 000	2555100	1			_		Caucasian			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Substitution of the complete										16b. KIND OF BUS	IINESS/IND	JUSTRY	
7	Elementary/Secondary (0-12) 9th	College (1-4 or 5+)		Print	or					Die	stric	~+ I	Photo
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11/11			-CLL		18. MOTH	ER'S NAI	ME (Fire	t, Middle, Maiden			LIIOCO
BE C	Joseph Se	rvilio								Marianna	,	Ianı	ni
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street a	nd Number	or Rural R		umber, City or Town			
임	Richard Willard	Wagner			San	ne as	s 10	A-F					
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Ramo	oval from State	20b. PLACEA cemetery, cren			ITION /Na	me of		0	ATE 20c. LO	CATION —	City or To	own, Stata
	4 Donetion 5 D Other (Specify)		Mt. C	live	et Ce					,1994 T	<i>N</i> ash:	ingto	on, D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICE	n A-C	+		22.	NAME AN	D ADDRES	S OF FAC	HITY	Lee Fur	neral	Hor	me, Inc.
	Joseph 1	SEL I	A		66	33 (old A	lexa	ande	er Ferr	7 Rd	C1.	inton,Md.
	23. PART . Enter the diseases, or si shock, or heart fellure. L	omplications that	caused the dea	th. Do i	not anter	the mo	da of dyir	ng, auch	1 88 C	ardiac or respi	ratory an	rast,	Approximate
- 1	IMMEDIATE CAUSE (Final	/											intarval Between Onsat and Daath
	disease or condition resulting in death)	y ten				Die,	216	ch	2	an	- Lot	ent	
	BUE TO (OR AS A CONSEQUENCE OF):											10 que	
ON	Sequantially list conditions,	DUE 20 A	H AS A CONSEO	UENCE O	w	•							10 The
AT	if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEC	OENCE O	r):								i i
띮	CAUSE (Disease or injury that initiated evants	OUE TO (C	OR AS A CONSEO	UENCE O	F):								+
CERTIFICATION	resulting in death) LAST	J											
	PART II. Other significant conditions	s contribution to d	leath hell dut	oultine.	lm the tre	el a ultril ma			D	T			
CAL	(army	li fra	and the second second		in the un		cause gi	ven in i	Part I.	24a. WAS AN . PERFOR		245	NERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MED	121.30	1 - 11	7,	-244	u		-	7		1 TYES 2	NO		DF OEATH?
Σ	DID TOBACCO USE CONTR	IDLITE TO CAL	ICE OF DEAT	PLI VI	·	10. [UNIC	DTAIN	_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	IBUTE TO CAU			S 1		UNC	RTAIN	1 🗆				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	/		OTHER	R:		Idaman I		ther (Specify)			
Η̈́	27. MANNER OF DEATH	28a. DATE OF IN	NJURY	28b. TIM	E OF	28c. INJU	JRY AT	raence :	_	EŞCRIBE HOW IN	JURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	(Year)	INJ	URY M	1 📋 Y	RK? 'ES 2 🗌	NO					
	3 Suicide 8 Could not be	28a. PLACE OF building, et	INJURY At hon	na, larm, e	rtreet, fact	ory, office			281. L	OCATION (Street a	nd Number	or Rural	Route Number,
<u> </u>	4 Homicide detarmined		ia. (opodity)	Nome, larm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State)									
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	ny knowledge, des	th occurr	d at the ti	me, data	and placa,	end due	to the	cause(a) and men	ner aa stat	ied.	
8	one) 2 MEDICAL EXAMINER												e) and manner as stated.
S I	29b. SIGNATURE AND TIPLE OF CERTIFIER						29c. LICE	ISE NUM	BER		29d. DAT	E SIGNE	(Month, Pay, Year)
0	/ Hufan	sec by	20			ļ	1).	-2	98	24			
욘	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		. /	/		24 Mar.	и /		1.10
	Glenn Jaury	m 99	50 FR	nu.	AU	#1	8 4	pp	er	Mary	bok	0/	M) 20712
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	's SIGNATURE Pandell										
H	SFP 0 7 1994 9	and minitages	- North										



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	of Paper		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE (OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		WE	3. TIME OF	DEATH
G	race	D.	Wi	lliams	Sep	"t 13"	199	4	11:4	5AM *
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH		a BIRTI	HPLACE (State	
289-30-5349 9a. FACILITY NAME (If not institution, give str	1 M 2 XF	101 YRS.	MONTHS DA			19-18			bio	
	,			WN OR LOCATION OF D	DEATH			INTY OF E		
Memorial Hospi	tal at Ea	ston	<u>Ea</u>	ston			T	albo	ot	
10e. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR L						10d. INSIDE	CITY
-	en Anne		Queer	n Anne					LIMITS 1 TES	2 NO
"Dayspring", P	ark Ave,	PO Box	127	101. ZIP CODE 21657			10g. CIT		S.A.	'RY?
11. MARITAL STATUS	12, WAS DECEDENT EVER		13. WAS	DECENDENT OF NISPA	ANIC ORIGIN	1? (Specify Yes	or No-	14. RAC	E — American	n Indian,
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 NO Spec		riican, atc.)		Spec		
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEOENT'S	USUAL OCCUI	PATION g most of working	18b	. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)							
12	4	Но	usewi	fe		Но	mem	akeı	r	
17. FATNER'S NAME (First, Middle, Last)	Diele			18. MOTHER'S N						
Charles W.F	. Dick					Peter				
19a Informant's name (Type/Print) Marmian W. Roye	n	"Day	sprin	g", Park	Route Numb	ber, City or Town	n, State, Zi	Box	ueen 657	Anne
20a METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo		Ob. PLACE AND DATE			DAT	E 20c. LO	CATION —	-	own, State	
4 Donation 5 Other (Specify)	Vali from State	emetery, crematory or Glendal	e Cem	etery	9-1	.6 <i>P</i>	Akro	n, (Ohio	
21. SIGNATURE/OF FUNERAL SERVICE LICE	INSEE			E AND ADDRESS OF F			_			_
* Kaleed tour	au Dre	neuel	Cur 308	ran-Brom High St	well	. Fune ambri	eral idge	HOI,	me, P D. 21	.A.
23. PART I. Enter the diseases, or co	omplications that caus	sed tha death. Do	not enter tha	mode of dying, su	ch aa card	diac or reepi	retory ar	rest,	Appro	oximata
ehock, or heart fellure. L	ist only one ceuse or	eech line.								val Betwean et and Death
disease or condition resulting in death)	Asphyxi	a 2° to	Asni	ration					30-	60 mi
	Asphyxi OUE TO (OR A	A CONSEQUENCE O	IF):							OO mi
Sequentially liet conditions,										
If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):							
CAUSE (Disease or injury										
thet initiated events recuiting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O	IF):						i	
d.										
PART ii. Other eignificant conditions	contributing to death	but not resulting	In the under	iying ceuse given ir	Pert i.	24a. WAS AN		24b	b. WERE AUTOF	
Organic Menta	1 Syndrom	e				PERFOR			COMPLETION	
						1 123 2	M		DF DEATH?	2 U NO
DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH Y	ES II NO	₩ UNCERTAL	IN \square				1 TYES 2	ı 🗌 NO
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA		4 4						
	HOSPITAL: 1 Inpatient 2 V ER/O	utpatient 3 DOA	OTHER:	Home 5 - Residence	€ □ Othe	e (Spaniki)				
27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIR	E OF 28c	. INJURY AT	7	CRIBE NOW II	NJURY OC	CUREO		
1 Nsturel 5 Pending Investigation	(Month, Oay, Year) IN.	JURY M 1	WORK?						
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, ferm,			28f. LOC	ATION (Street a	and Numbe	r or Rural i	Route Number.	
4 Nomicide determined	building, etc. (S	Decify)			City	or Town, State)				
290. CERTIFIER 1 X CERTIFYING PHYSIC	IAN: To the best of my kn	owledge death occur	and at the time	dete and place, and du	e to the car	······································				
	: On the beele of examina								a) and menne	r on stated
29b. SIGNATURE AND TITLE OF CERTIFIER	1	/	, ., ., ., ., ., ., ., ., ., ., ., ., .,			The place, dis				
230. SIGHA ONE AND TITLE OF CERTIFIER	115/5/1	() 1)	1/)	29c. LICENSE NU	JMBER	2			(Month, Day,	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM AT A	200	11/2	. 1 T	0		Sept	;. I3	1994
-/				_						
Lawrence Bohan 31. DATE FILEO (Month, Day, Year)	MD. 60	o Dutchi	mans I	Lane Eas	ston	Md.	2.	1601		
CED1 E 100/		dier Randall								
cent k 300/	I SULTIA PETUTSO	MARIN IN COUNTY								

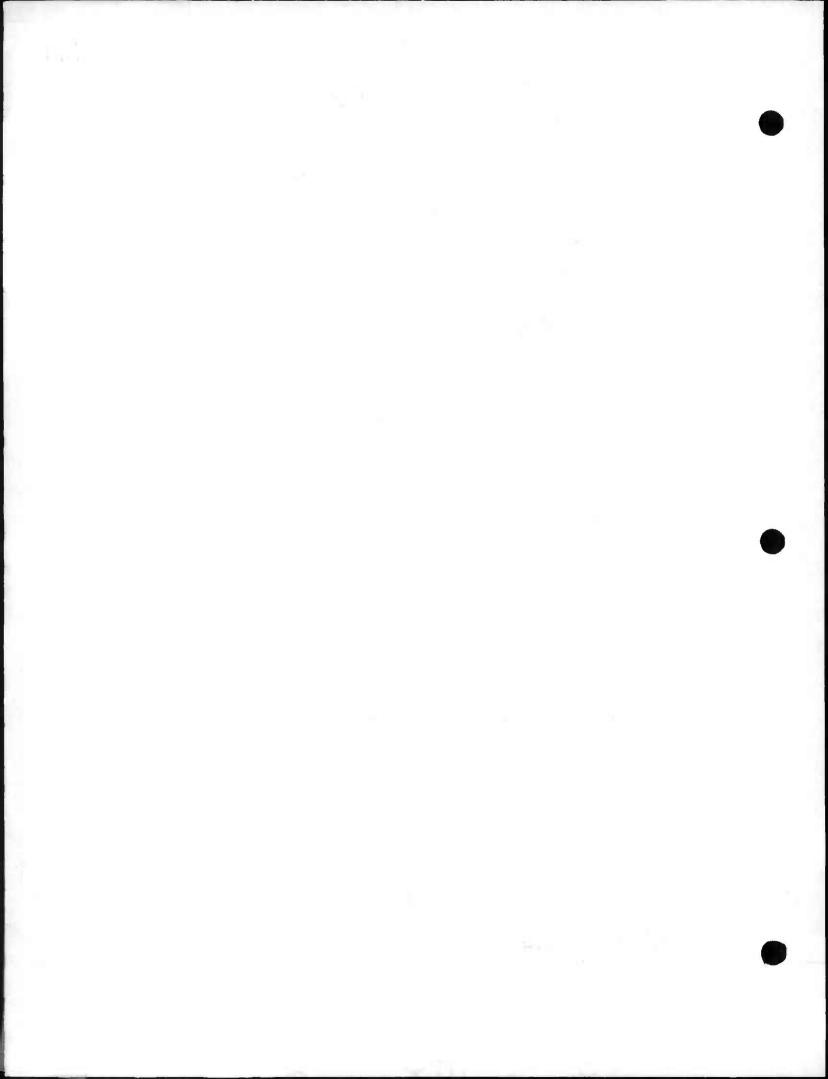


AAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF WITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATT COME PHYSIAM: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR		CEI	KIIFK	CATE OF	DEATH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Lest) Ma	tilda K.	Ada	ıms			2. DATE OF DEATH DO 19		94	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER 579-26-7302		(In yrs. lest b		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	00	Country	
		9a. FACILITY NAME (If not institution, give s				or orry rouge	22 / 22 / 22 / 23	<u>1</u> 20	09		ginia
	OR	2219 W. Sarat			or Location of Di	EATH	9c. COUNTY OF DEATH N/A				
	5	RESIDENCÉ OF DECEDENT 10a. STATE 10b. COUNT			40- CITY	TOWN OR LOCA	700				
	BY FUNERAL DIRECTOR	Maryland N/				timor					10d. INSIDE CITY LIMITS? 1 A YES 2 NO
		100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 102123 USA							HAT COUNTRY?		
		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	2 NO If yea, specify Cuban, Maxican,			in, Puerto Rican, atc.)	n, Puerto Rican, atc.) Black, White, atc		
- 1		15. DECEDENT'S EDU		16a. DECE	DENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INI	HISTRY	
	<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of wo	rk done during m retired.)	ost of working		J., 12.00, 1112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	립	9th grade	College (1-4 of 5 7)	Ass	emb1	y Lin	e Worke	r Weste	rn E	Clec	tric
once	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
75	ш	William Stephi	ens				Ida Lu	ck			
Hiffed	TO B	19s. INFORMANT'S NAME (Type/Print)		19b. I	MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)	, 21213 , Maryland
be no	F	Zatella Giles 20a. METHOD OF DISPOSITION					wood Av				-
must		1 XBuriat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata C6	metery, crema	atory or other		onal Ce	/23/94° LO	t.imc	City or Ton	Maryland
ner		21. SIGNATURE OF FUNERAL SERVICE LIC			1102.0	22. NAME A	AND ADDRESS OF FA	CILITY 5240 I	Pais	tare	town Road
or removal. medical examiner must be notified at once.		Berry	Harris			Chatr	man-Hari	ris F/H H	Balt	imor	e,Md21215
I Hygiene prior to burial, cremation, or other traumatic event, the	ERTIFICATION	23. PART I. Enter the diseases, or shock, or reart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUE	ENCE OF):	Day	0	has cardiac or reeplements of the second of	,	rest,	Approximata Intervel Between Oneet and Death
Health and Mental ows any injury, o	EDICAL CI	PART II. Other significent condition	e contributing to deeth	but not res	uiting in	the underlying	ng ceuse given in	Pert i. 24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
5 £	. ME	DID TORACCO USE	CONTRIBILITE TO	CALIC	E OF	DEATH	VES CO NI				1 [] YES 2 [] NO
23 Dept	AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
State Item	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetlent 3 F		OTHER:	me 5 Realdence				
9 19	РНҮ	27. MANNED OF DEATH	28a. DATE OF INJURY		28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OC	CURED	
marked.	>	Natural 5 Pending	(Month, Day, Year)		INJUI		ORK? YES 2 NO				
zher death 28 is mar	ED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJUR building, atc. (Sp.	Y — At home	, farm, atr	eet, factory, offi	ca	281. LOCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,
72 hours If item	OMPLET		CIAN: To the best of my kno								and manner as stated.
be filed within	O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	yDQ	7 V	N	· Q.	29c-LICENSE NUI				(Month, Day, Veler) 7 4
			O COMPLETED CAUSE OF D	EAIH (ITEM 2	ετ) (Type, P	rent)					
		31. DATE FILED (MONTH). 200 1994	JE REGISTRAR'S SIG	-			-				
											DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within maniformal death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIM	E OF DEATH	
9		Arthur A	ston, Jr			Sept. 2	3, 19	94 6:	00	Ам
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE	(State or Forei	gn
	136-10-9810 9a. FACILITY NAME (If not institution, give str	80 YRS.	DAYS	R LOCATION OF D	(Month, Day, Year 03/07	/14	Iowa			
DIRECTOR	College Manor,				nervill			9c. COUNTY OF DEATH Baltimore		
Ë	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION				ISIDE CITY	
	Maryland 10e, STREET AND NUMBER			100	Baltin	ore Cit	-		MITS?	0
FUNERAL	6010 Falkirk Ro	hed		"		239	log. Gilizi	USA	ONINT	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify	Yea or No. 1	4. RACE — Am	doen Indien	
	1 Never Married 2 Merried	FORCES? 1 X YES	2 NO	It yea, spe	cify Cuban, Mexica 2 NO Specifi	in, Puerto Ricen, etc.)	102 01 110—	Black, White,	etc.	
ВУ	3 Wildowed 4 Divorced	W		1 123	ZA NO Specif	у.		Specify:	hite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S US			16b, KIND OF	BUSINESS/INDU			
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world ille. Do NOT use n	etired.)	at or working	Whole	sale Bu	ilding		
4P		4	Book	keeper		Mater	ial Dis	stribut	or	
Ö,	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	len Surname)			
BE	Arthur Ast	ton, Sr.				Bertha	Hutchi	inson		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural	Route Number, City or				
임	Donald A. Astor	1	P.O. B	ox 36	Steve	nsville	. MD 2	21666		
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove	206.	PLACE AND DATE OF I	DISPOSITION (Na.	me of	DATE 20c.	LOCATION — CI		10	
	4 Donetion 5 Other (Specify)	rail from State	udon Par	rk Cem	eterv	9/26	Baltin	nore.	MD	
	21. SIGNATURE OF FUNDERAL SERVICE LICE	MSDE May M	2	22, NAME AN	D ADDRESS OF FA	eral Ho				
	George E.			MacNa	abb Fun	eral Ho			010	
\neg			Ab - d - 14 - 6 1				Balto			-
	23. PART I. Enter the disesses, Dr co shock, Dr heart feilure. L	ist only Dne ceuse Dn e	ch line.	enter the mod	ie of dying, suc	h ss cerdiec or re	spiratory erres		pproximate ntervei Betv	
	immediate cause (Final disease or condition resulting in death) e. Onset and Death									
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentieily list conditions, Due to (or as a consequence or):									
Ĕ	if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
5	ceuse. Enter UNDERLYING CAUSE (Diseese Dr injury	DUE TO (OT 10)								
Ē	thet initieted events resulting in desth) LAST	DUE TO (OH AS A	CONSEQUENCE OF):							
CERTIFICATION	d.	•								
	PART ii. Other significant conditions	contributing to death be	at not resulting in t	the underlying	ceuse given in	Part i. 24a. WAS	AN AUTOPSY	24b. WERE /	UTOPSY FIND	INGS
PHYSICIAN: MEDICAL						PERI	ORMED?	AWAILA	BLE PRIOR TO	
유						11 YES	2 NO	OF DEA	TH?	
Σ	DID TOBACCO USE CONTR	IRLITE TO CALISE O	E DEATH VCC		LINICEDTAD			1 U Y	ES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERIAII	и 🗆 📗				
길	EXAMINER?	HOSPITAL:	0	THER:						\dashv
₹	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME O			6 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WO	RK?	28d. DESCRIBE HO	W INJURY OCCU	RED		- 1
ā	2 Accident Investigation	28a PLACE OF IN HIDY	At home torm stee		ES 2 NQ					
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, tactory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
2	29a. CERTIFIER (Check only	IAN: To the beat of my knowle	edge, death occurred a	it the time, date	end place, and due	to the cause(e) and	nanner as stated	1.	-	\neg
2		: On the basis of exemination							nner aa state	ıd.
	291/3104 ATUNG AND TITLE OF CENTIFIER	1 0			29c. LICENSE NUI		-	SIGNED (Month.	Boy, Warr	-
ᆱ	MONTH (DAGE	el W			7)/57	38	D (2/22	011	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) / Yung De	nt)	100	00		1100	44	_
	Walter B. Kopp				orn D-	mlerro	Da1+-	MD 0	1020	Î
H	31. DATE FILED (Month, Day, Year)	ACCULATION	TUNE	MOLLI	ети ва	ıkway .	balto.	, MD Z	1239	\dashv
	SEP 2 6 1994 Jul	IN SURVINION BUTTON	PAY.							
										- 1

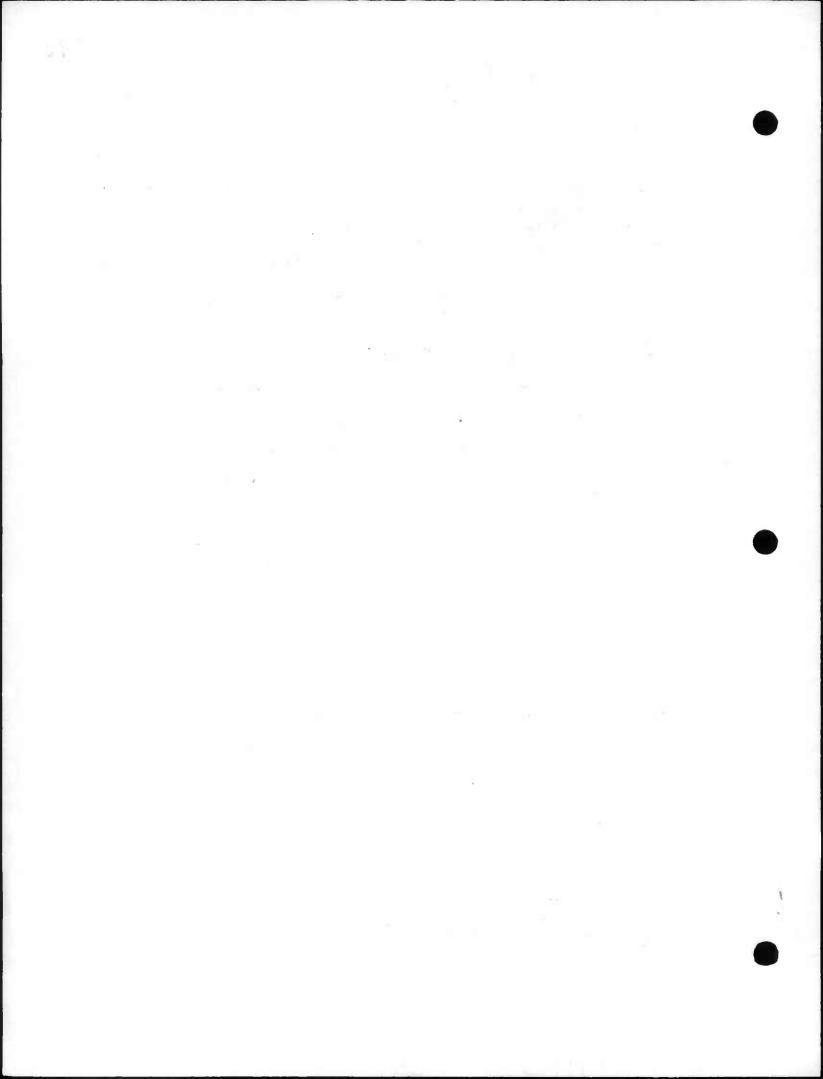


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DIVISION OF VITAL RECORDS P.O.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						OLITIII	IOAII		DLA			REG. NO.			
		1. DECEDENT'S NAME (First									2. DATE	OF DEATH	v	YEAR 3.	TIME OF DEATH
		ESTHER QUI	ERAL B	UFILL							9/	21	/ 19		10:30A. M
_	1 1			yrs. lest birthday,	"			7. DATE OF BIRTH 8. BI		. BIRTHPL	ACE (State or Foreign				
		217-60-2955 1□ M 2 ⊠ F 90					MONTHS	DAYS	HOURS	MIN.	10-	26-190)3	Country)	ba
3 should		9e. FACILITY NAME (If not in	nstitution, give s	treet and number)		-	9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DEAT	Н
	H H	Stella M	laris H	Tospice				Tow	son				Bal	timo	re
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT													
ages	뿐	10e. STATE	10b. COUNT			10c. CI	TY, TOWN							10	d. INSIDE CITY LIMITS?
#		Maryland	<u> </u>	imore			Balt	imo	re					1	☐ YES 2 📉 NO
physician. burial-transit permit. Pages 1,	FUNERAL	10e. STREET AND NUMBER						10	01. ZIP COD				10g. CITIZE	N OF WHA	T COUNTRY?
n. anskt	買	1704-B Edgewood Road							212	234				Cuba	
physician burial-trar	ו הַ	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U	S. ARMED	13.	WAS DE	CENDENT (OF HISPAN	IIC ORIGIN	17 (Specify Yes	or No — 1	4. RACE -	American Indien, /hite, etc.
	ВУ	1 Never Merried 2 3 StyWidowed 4 Divo		IF YES, GIVE	WAR OR DATE	S		XXYE	S 2 NO	Specify	,.				White
ND Z IZ 13-00 hospital or attending ached for use as the ce.				<u> </u>							Cui	oan ———			
atte use	ETED		EDENT'S EDU ly highest grade		10	6a. DECEDENT' (Give kind of life. Do NOT	work done	CCUPATI during m	ION lost of worki	ng	16b	. KIND OF BUS	INESS/INDU	STRY	
Ital o	ا ۳	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	Homemal						Ow710	Home		
the hospit detached once.	COMPL	12													
2 9 5	8	17. FATHER'S NAME (First, M		-								Middle, Maiden	Sumame)		
ed by the uid be at at	H	Lorenzo	~	eral								Mayo			
retained 5 should notified	2	19e. INFORMANT'S NAME (7								r or Rural F	Route Numi	ber, City or Town	, State, Zip C	ode)	
	[]	Raul M. Bu					ne As								
6 may be ector, page 6		1X Buriel 2 Cremetic	on 3 🗆 Rem	oval from State	20b. Pl	ery, cremetory or	OF DISPOS other plece)	SITION/N	lame of	7	DAT	20c. LOC	CATION — CI	ty or Town,	State
age direc		1X Buriel 2 Cremetion 3 Removal from State 4 Donellon 5 Other (Specify) Dulancy Valley Mem. Gards. 9-23-94 Timonium, Maryl 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									Maryland				
death, Pag tuneral di I.	1		_	ZINSEE .	0							al Hom	e. In	C.	
		* Wall	ace	S.B	100%	121,						owson,			4
hours after d in by the or removal	П	23. PART I. Enter the d	Iseasea, or	complications the	at caused ti	Ma daath. Do	not entar	tha m	oda of dy	Ing, aucl	h aa card	ilac or reaple	ratory arres	st,	Approximata
To di		IMMEDIATE CAUSE (Fir		List only one ca	use on aacl	h Ilna.									Interval Batwean Onset and Death
with. with file cremation, went, the		disease or condition resulting in death)	→	BR	EAST (CANCER									
completely lai, crematil		reaciting in daatii)	•	DUE TO	OR AS A C	ONSEQUENCE	OF):								
executed com to burial, matic ev	z			b.											
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ate be nysiciar prior	S	cause. Entar UNDERLY CAUSE (Disease or Inju		C											
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endi c	1 Ш 1	resulting in death) LAS	"	d											
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of t	≥	DID TOBACC	O LICE	CONTRIBUT	F TO 2	AUCE	F DEAT	T1 1	VEC E	1 110				1 1	YES 2 NO
The law require has been ate Dept. of lem 23 sho	AN	25. WAS CASE REFERRED TO		CONTRIBUT	E 10 K	AUSE O	r DEA	_	PLACE OF D	4		-1			
SICIAN: The law requires to certificate has been sent that the State Dept. of H d, or item 23 show	SICIAN:	EXAMINER?		HOSPITAL:	- nul		OTHE	R:		-					
SICIAI Certification the	l ≻ 1	27. MANNER OF DEATH		28e. DATE OF	make .	28b. TI	-	-	me 5 A	esidence	^	r (Specify)	Hospi		
문학환	PH		Pending		Day, mar)	10	IJURY M	W	ORK?	¬ NO	200. DE	CHIBE HOW IF	ISONY OCCU	MED	
After death	BY	2 Cutate	Investigation	28e. PLACE (OF INJURY —	At home, ferm,	street, fec				281 LOC	ATION (Street a	nd Number o	Pural Bout	n Alumber
ATTENDING ECTOR: After s after death	요		Could not be determined	building	. (Specify)	/	411041, 140	.o.y, o				or Town, State)	no reamber or	nurai noui	e Number,
DR ATTENDING DIRECTOR: After hours after death Item 28 is ma	COMPLET	29e. CERTIFIER			-7 (meril parent			1-0100					
보 그 오 누	MP			CIAN: To the best o											
IOSPI UNEF	8				examination e	na/or Installing	ion, in my o	pinion,				end place, end	due to the	ceuse(e) er	nd menner ee stated.
TO THE HOSPITAL ITO THE FUNERAL ITO THE FUNERAL ITO THE FUNERAL ITO THE MADORTANT: IT IT	핆	296. SIGNATURE AND TITLE	OF CENTIFIE	'					299. UC	ENSE NUN	BER /		29d. DATE :	SIGNED (M	onth, Day, Year)
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		30. NAME AND ADDRESS OF	-					D.E.	mo**	70037		01004	1		
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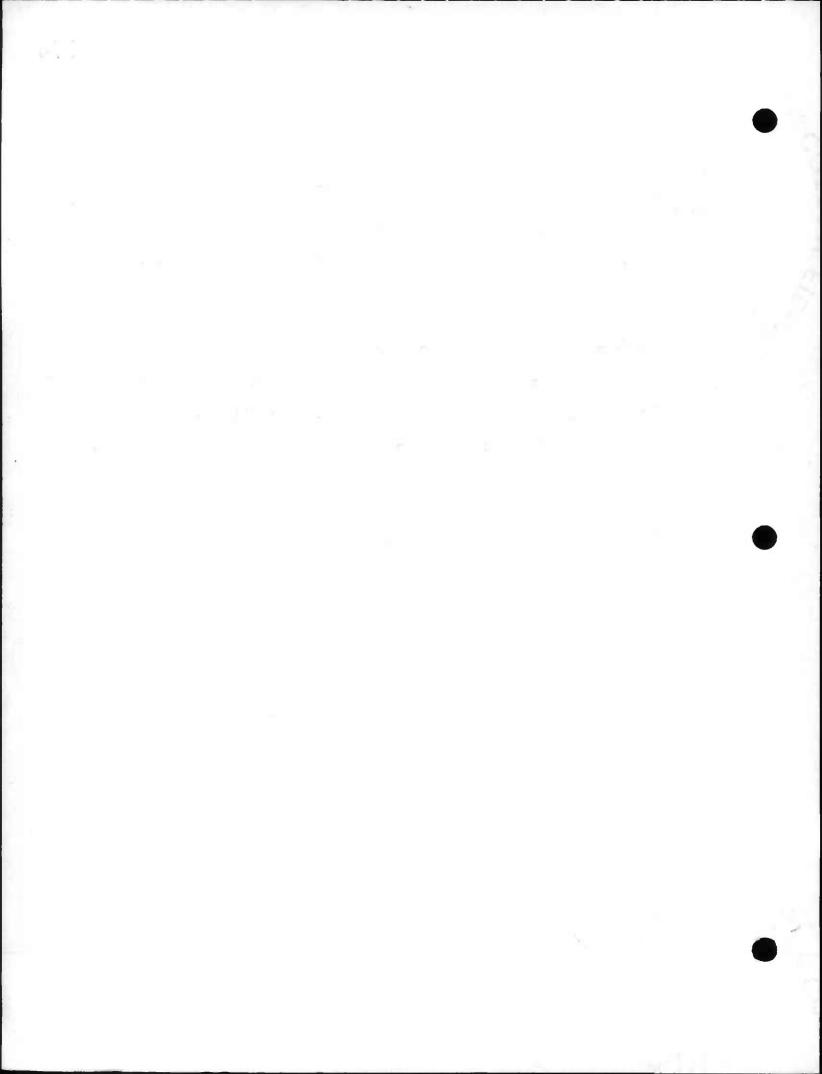
FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR KENNETH В BRANDT 24 Sept. 1994 7:45 A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 🛛 M 2 🗌 F 79 YRS. 216-03-2568 2-2-15 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Franklin Woods Rossville Baltimore 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Perry Hall 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 3821 E. Joppa Rd. U.S.A. 21236 hours after death. Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married It yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 X NO BY Specify: 3 Widowed 4 Divorced use as the White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY /So Elementary/Secondary (0-12) 12 yrs ρō College (1-4 or 5+) detached f Conductor Pennsylvania Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 5 should be te Charles Brandt Katherine Berg BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronald Brandt 314 Evans Ave. Haddonfield, N.J. pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION - City or Town, State must 1 Burial 2 Cremation 3 Bemoval from State
4 Donation 5 Other (Specify) Entomoment funeral director, Parkwood Ceilletery 9-26 Parkville, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc. in by the f 1050 York Rd. Towson, Md. 21204 medical 23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, Approximata shock, or haert fallura. List only one cause on each line. Interval Between ŏ filled Onset and Daath IMMEDIATE CAUSE (Final WITH cremation. the disease or condition a completely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed burial. traumatic CERTIFICATION and Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if sny, leading to immediate cause. Enter UNDERLYING the attending physician 2 certificate other 1 CAUSE (Disease or injury Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 the death Mental PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AVAILABLE PRIOR TO COMPLETION DF CAUSE that any 1 | YES 2 | W requires t DF DEATH? Shows 1 TYES 2 NO this certificate has been with the State Dept. of PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death w ΒY 2 Accident 26a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 1 ___CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) FUNERAL (= 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND WILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month BE 9 30. NAME AND ADDRESS OF PRIOR WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Franklin Square Hospital

32. REDISTRAR'S SIGNATURE

i Daniem-Rudall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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physician.	page 5 should be detached for use as the burial-transit	
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he hospital or attending	detached	
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MIVISION OF VITAL RECORDS, P.O. BOX 68760,

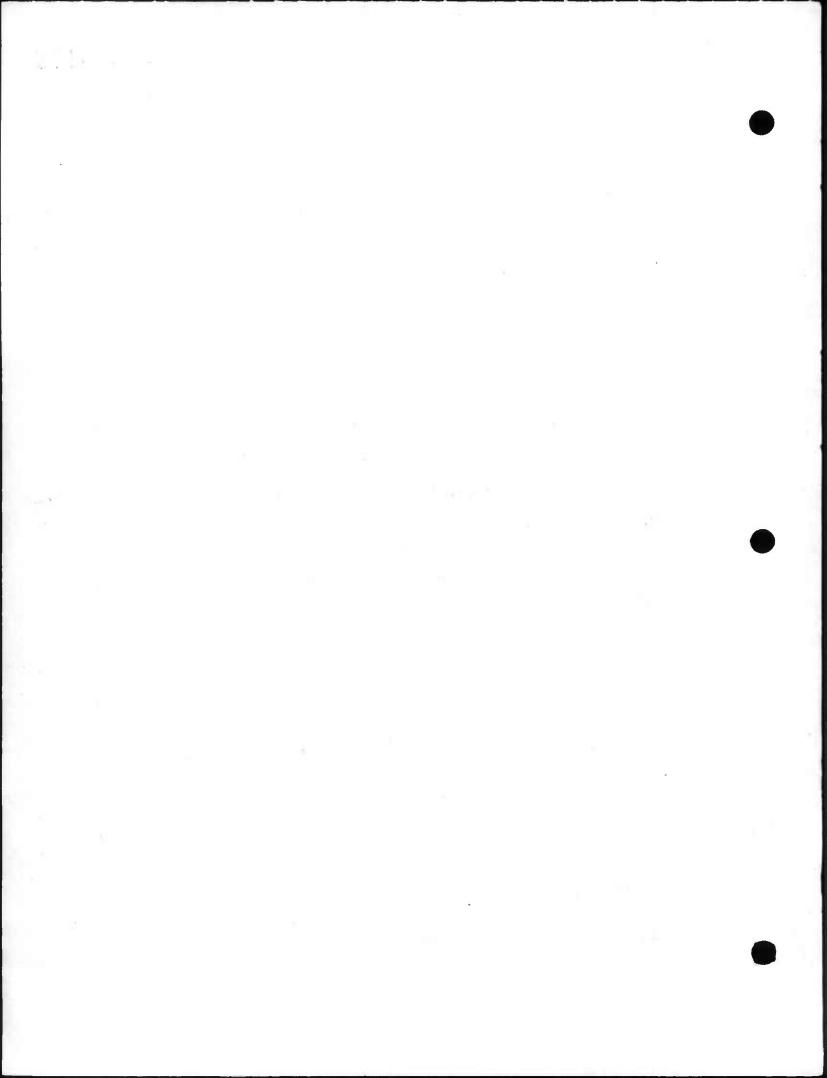
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia	to have been already by the above the minimum and accordance filled in the day framework discount of the day of the
SION OF VITAL RECORDS, P.O. BOX 68760,	of ATENDING PHYSICIAN. The law requires that the death certificate be executed with	The standard for a standing of a standing of a sound s
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s 1, 2, 3 should TOTA And this commenter has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and common the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is marked, or than 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	LUCILLE BUTL	ER				9 1 Q	AY YEA	R Δ		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		INDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign		
	217-14-2128 90. FACILITY NAME (# not institution, give str	1 M 2 F 7		33 334	HOURS MIN,	1 - 2 5 - 2 4		IRGINIA		
DIRECTOR	3706 CRANSTON				CITY		96. COUNTY O	- DEATH		
EC	t0e. STATE 10b. COUNTY		tOc. CITY, TO	WN OR LOCATI	ON			10d, INSIDE CITY		
DIR	MD.		BAL	ro. C1	TY			LIMITS?		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?		
FUNERAL	3706 CRANSTON	AVE			21229		USA			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE		IIC ORIGIN? (Specify Ye	or No- 14, R	ACE - American Indien.		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO ATES	If yes, spe		n, Puerto Ricen, etc.)	6	Black, White, etc.		
ВУ	3 Widowed 4 Divorced	8 - 30 - 3	107-107				"	BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	:ATION completed)	18e. DECEDENT'S USU (Give kind of work	done durina mos	t of working	t6b. KIND OF BU	SINESS/INDUSTR			
W	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	red.)	•					
MP	N/A	N/A	NURSI							
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
8	SANDY MORSE					AN WASHI				
6	19e. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tow	n, State, Zip Code)		
	NATHANIEL BUTI	_ER	3706	CRANS	TON AV	E				
	20e. METHOD OF DISPOSITION 1/1□ Burlel 2 □ Cremation 3 □ Ramo		PLACE AND DATE OF DI letery cremetory or other E LOUINT ZT (CATION — City o			
	4 Donation 5 Other (Specify)		TOUNT ZI		ETERY		LLINS	FERRY RD.		
	21. SIGNATURE OF FUNERALISERVICE LICE	INSEE /	4/	22. NAME AN	ADDRESS OF FA	CILITY				
	1 Sul) (Myk	sel 1	IRVI	N CARR	OLL F/H	1712 W	.NORTH AVE.		
	23. PART i. Entar tha disessea, or co shock, or heart fallure. L IMMEDIATE CAUSE (Final	list only ona cause on a	ach iina.	nter the mod	e Df dylng, sucl	h ss cardisc or resp	iratory srrest,	Approximata interval Batween Onset and Daath		
	disease or condition resulting in dasth) a. Short Gut Syndrime DUE TO (OR AS A CONSEQUENCE OF: Rectal Cancer Sequentially list conditions.									
z	Rectal Cancer									
음	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
S	CAUSE (Disease or injury									
쁘	that initiated evants reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	deaditing in death) CAST	l								
_ 1	PART ii. Other significant conditions	contributing to death b	ut not rasulting in th	a underlying	csuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
<u>8</u>						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
입						t □ YES 2	. I NO	OF DEATH?		
≥								t YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 PI	CE OF DEATH (Che	ock only one)				
잃	EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:						
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	29b, TIME OF	28c. INJU		S Other (Specify) 28d. DESCRIBE HOW I	N.IIIRY OCCURE			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOF	K? S 2 NO		Modern Obconice			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, farm, street		,	28f. LOCATION (Street	and Number or Ru	ral Route Number		
COMPLETED	4 Homicide 8 Could not be	building, atc. (Spec	efy)			City or Town, State)				
ا ۳	29e. CERTIFIER 1 CERTIFYING PHYSIC	to the cause(s) and me	oner ex stated							
<u> </u>		R: On the besis of examination						se(e) end menner ee atated.		
		NED (Month, Day, Year)								
BE	mosts soul	14 191).		29c. LICENSE NUN	761	> 9	(22/94		
임	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print 600 N L	1-16	Clasif	Baltin	1000	Mn 2/2-5		
	31. DATE FILED (Myntip De CIGN	A 32, REGISTRAR'S SIGN	ATURE	13156	There	04/1/1	12/6	111120		
) SET & 6 1334 /	of this Dendent	- Lance							



BALTIMORE, MARYLAND 21215-0020 ASION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SOCIAL SECURITY NUMBER DONAL ROOK :50A H Ji 6. AGE (In yrs. last birthday)
52 \$\frac{1}{2}\$ YRS. 7. DATE OF BIRTH 5/4/42 (Month, Day, Year) 5/4/42 5. SE) IF UNDER 1 YEAR IF UNDER 24 HRS. a, BIRTHPLACE (State or Foreign 36-776 1 M 2 | F DAYS 05 04 1941 9a. FACILITY NAME (If not institution, give street and number) 96 CITYSTOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH University 105 DIRECTOR 10 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY) TOWN OR LOCATION 10d. INSIDE CITY 10 Da 1 XYES 2 - NO FUNERAL 100. STREET AND NUMBER 10f. ZIP COM WHAT COUNTRY? 10g. CITIZEN Q 522 nd 12. WAS DECEDENT EVER IN J. SAAR FORCES? 1 YES 2 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. If yes, specify Cuba 1 Never Married 2 Marri ban, Maxican, Puarto R IF YES, GIVE WAR OR DATES Black Specify ВУ 3 Widowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) egiment D 17. FAMER'S NAME (Figst, Middle, La rooks BE 19b. MAILING ADDRESS (Street and Number or Rural Route ORMANT'S NAME Type/Print) 2 320 2rooks mice 21215 the Dalto, mo 20 PLACE AND DATE OF DISPOSITION (No. 20a METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 9/29/4 20c. LOCATION or Town, Steta Memma Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wes March 4300 H bas Ave 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each lina. interval Between Onaet and Deeth IMMEDIATE CAUSE (Finel disease or condition ultiple raar resulting in deeth) DUE TO (OF AS A CONSEQUENCE OF): vere CERTIFICATION Sequentielly list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO Complicate hxonic COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 V Inpetient 2 - ER/Outpetlant 3 - DOA EXAMINER? OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending t YES 2 NO В 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 W CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HO TO THE FUI De nied with 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, OATE SIGNEO (Month, Day, Year) BE M.D 199 ► B9 23 Name 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATSEP 2"6" 1994 32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and organized for the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYL REGISTRAR		MENT OF H		NTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH		3. TIME OF DEATH			
	BESSIE B. BACH				ept 24, 1		6:06 AM M			
			IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	6. B	IRTHPLACE (State or Foreign ountry)			
	219-28-6713 1□M2⊠F 91	YRS.	ONTHS DAYS	No.	ov 5, 190)2 M	aryland			
~	9a. FACILITY NAME (If not institution, give street and number)	ve street and number) 9b. CITY, TOWN OR LOCATION OF DEATH								
DIRECTOR	Northwest Hospital Center	Northwest Hospital Center Randallstown								
REC	10a. STATE 10b. COUNTY	10c. CITY,	ON	10d. INSIDE C						
	Maryland Baltimore Co.	Loc	hearn				1 YES 2 X NO			
FUNERAL	10e. STREET AND NUMBER	d Rd. 101. ZIP CODE 21.207					OF WHAT COUNTRY?			
JNE	6811 Campfield Rd.				ODIONO (D	USA				
	1 Never Married 2 Married FORCES? 1 YES	2 100	Il yea, apo	ENDENT OF HISPANIC (city Cuban, Maxican, P 2 X NO Specify:		Black, White, atc.				
Э ВУ	3 23. Wildowed 4 Divorced		, , , , ,	a <u>M</u> ito opacity.		'	Specify: White			
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U (Give kind of wo	rk done during mo:	N I of working	16b. KIND OF BUS	INESS/INOUSTR	RΥ			
2	Elementary/Secondary (0-12) College (1-4 or 5+) 5th Grade	Homemak								
OM	17. FATHER'S NAME (First, Middle, Last)	nomemar	rel	18. MOTHER'S NAME	(First Middle Maiden	Sumamel				
BE C	Charles Blauvelt				Bitzel	,				
TO B	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a	nd Number or Rural Route	e Number, City or Town	n, State, Zip Code	9)			
٦	Mrs. Melvina B. Dicus			Rd. Ridg	ely, MD	21660				
	14⊾ Burial 2 ☐ Cremation 3 ☐ Removal Irom State ☐ Cem	PLACE AND DATE OF elery, crematory or other	ar place)			CATION — City of				
	4 Donation 5 Other (Specify) G1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	en Haven		ADDRESS OF FACILITY	9-28 G1e	en Burn	ie, MD			
	De KR. O	77	Loring	Byers Fu	neral Dir					
	23. PART. Enter the diseases, or complications that caused	the death Do so	8728 I	iberty Rd	. Randal	1stown				
	ahock, or heart failure. Liet only one cause on e	ch line.	A	ia or dying, auch ac	a cardiac or reapii	ratory arreat,	Approximata intervel Between Onset and Death			
	IMMEDIATE CAUSE (Finel disease or condition	ITE /	Yux	ARAIA	TOU	CARU	Ton			
	disease or condition deeth) e. Houte Muarbire Infarction Due to (or as a consequence of):									
S	Sequentielly list conditions,									
AT	sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING									
밀	CAUSE (Disease or injury that initiated evente DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting In death) LAST									
AL C	PART ii. Sther algolficent conditions contributing to death be	ut not resulting in	the underlying	cause given in Par	t 1. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
S	- DIVERTICULOSIS				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
밀	- CONGESTIVE HE	ARI	FAIL	URE	_ 1	NO	DF DEATH?			
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YES		UNCERTAIN [
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	6. PLACE OF DEATH	(Check only one)							
IYSI	1 YES 2 NO 1 Inpatiant 2 ER/Outp	ntlant 3 DOA	Nursing Homi	5 Rasidenca 8						
	27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	WO!	IRY AT 28- RK? ES 2 NO	d. DEŞCRIBE HOW IN	IJURY OCCURE	P			
ВУ	2 Accident Investigation 3 Suicide 2 Could not be 28s. PLACE OF INJURY	- At home, larm, atr			I. LOCATION (Street a	nd Number or Ru	iral Route Number			
TED	Suicide S	fy)			City or Town, State)					
)LE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowl	edge, death occurred	at the time, data	and place, and due to t	the cause(s) and man	per se stated.				
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axamination						rse(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c LICENSE NUMBER	R	29d. OATE SIG	NEO (Month), Day, Year)			
TO BE	Josepen Haleha	m m	1)	1) 2859	5	D 91	26/94			
F	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	1TH (ITEM 27) (Type, P	ring)	1100	1-1-	1.1	N. O.			
	31. DATE FILEO (Month, Day, Year)		MRK	HE1979	3 HIEI	BAY	0141) 21205			
	SEP 2 6 1994 Juli Oweller Carlo	K.								
	AP. MAIAA									

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31. OATE FILED (Month, Day, Year)

6 1994

SEP 2

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH COOKE, MONTH 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. should 9b. CITY, TOWN DR LOCATION OF GEATH DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Mry/Anc funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 110 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVERYN U.S. ARMED FORCES? 1 YES 2 NO 11. MARUTAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 THO Specify: BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (Figst, Middle, notified at BE 2 pe 20a. METHOD OF DISPOSITION

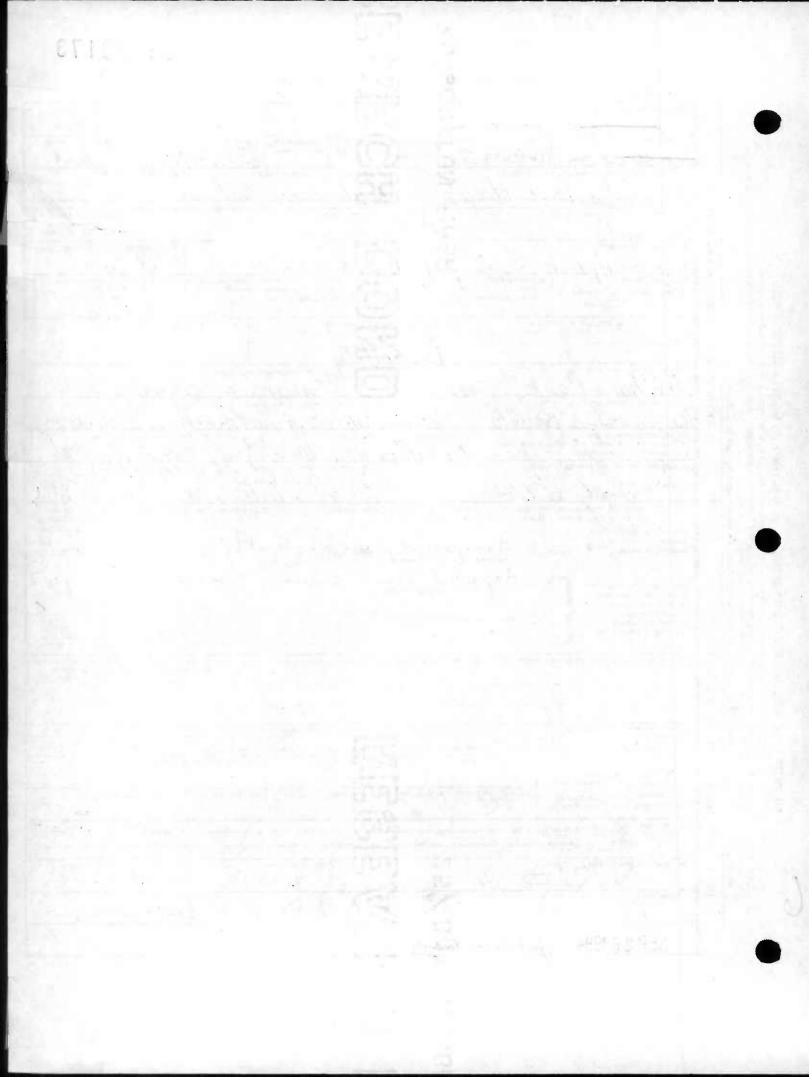
1- Buriel 2 Cremellon 3 Removal from State 20b. PLACEAND DATE OF DISTOSSICION must 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medicai 23. PAST I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. ö IMMEDIATE CAUSE (Finel the disease or condition halmat signed by the attending physician and completely Health and Mental Hygiene prior to burial, cremating rogressive rasulting In death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with OUE TO (OR AS A CONSEQUENCE OF): Acquired CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO OR AS A CONSEDUENCE OF: cause. Enter UNDERLYING CAUSE (Disesse or Injury or other DUE TO (DR AS A CONSEDUENCE OF): that initieted events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL shows any 1 TES 2 NO been : has be Oept. 23 HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) OIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or item HOSPITAL: OTHER t YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA ig Home 5 - Residence 6 - Other (Specify) 27. MANNER DF DEATH 28e. OATE OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 3 Suicide 28a. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL OIRECTE DE filed within 72 hours at IMPORTANT: If item 21 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno edge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE W 35740 seine 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) lace melba Beine 301 59 der

. 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH -15 AM 6, BIRTHPLACE (State or Foreign INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? - American Indian, White, etc. Approximete intarvai Between Onset and Death WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 ND 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, 25/94

OHMH-16 Rev 1/89

Kur



ETTENTION. THE Law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.

FORTH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO BE

NATURE AND TITLE OF CERTIFIER

6 1994

/32. REGISTRAR'S SIGNATURE

	DWG							94	25	2179
	Item # 1 Film # G	715 09-26-94	Per Fun	eral It	em # 17	N.A.		2 -1	6-	
	1 - STATE REGISTRAR	STATE OF MARYL	LAND / D CEF	EPARTMEN RTIFICAT	T OF HE	ALTH AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY	YEAR 3	. TIME OF DEATH
	JAMES CARTE	R James	M Cart	ter			SEPT 2			8:18P
	4. SOCIAL SECURITY NUMBER		(In yrs. last bi			UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign
	213-04-8174 9s. FACILITY NAME (If not institution, give s		23	YRS. MONTHS		OCATION OF DE	1-25-197			Md
OR	REAR OF 1917					ORE CI		9c. COUN	ITY OF DEAT	тн
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT									ad mining oray
DIR	Md			Balto	OR EOCATIO				LIMITS?	
AL	10e. STREET AND NUMBER					CODE		10g. CITtZ	EN OF WH	AT COUNTRY?
E	_2537 Hollins Str	eet			21	223		l u	SA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 OI IF YES, GIVE WAR OR DATES			D 13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RAC					American Indian, white, atc. Black
	15. DECEDENT'S EOU	CATION	t6a. DECEI	DENT'S USUAL O	CCUPATION		16b. KIND OF BU	SINESS/INOL	JSTRY	
COMPLETED	(Specify only highest grade	kind of work done NOT use retired.)	during most o	f working						
M	10th		Unkn	OWIT						
	17. FATHER'S NAME (First, Middle, Last) Edith Carter	Milliam Carter				. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)		
H	19a, INFORMANT'S NAME (Type/Print)	IIIIam Carter								
2							oute Number, City or Tow			
	Edith Carter 2537 Hollins Street Balto. Md 21223 2014, METHOD OF DISPOSITION 2014 DATE 2014, LOCATION — City of Town, State									
	20a. METHOD OF DISPOSITION WAShirler 2 Cremation 3 Rem	oval from State Cer	b. PLACE AND mejery, cremat	on Ceme	SITION (Name	of		CATION — C		
	4 Donatton 5 Other (Specify)		ML ZI			OORESS OF FAC	92894 La	ansdow	m, Mo	<u></u>
	1 Sala	Mar	h			F/H Wes		11+0	Md ′	01 01 5
	23. PART I. Enter the diseases, or o	complications that cause	d the death	. Do not ente	r the mode	of dying, such	as cardlec or reep	ratory erre	est,	Approximete
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	Ltve	le 6	unst	et 1	Nound	S		interval Between Onset and Death
		DUE TO (OR AS	A CONSEQUE	NCE OF):						
ERTIFICATION	Sequentielly list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
	that Initieted events DUE TO (OR AS A CONSEQUENCE OF):									
ER	reculting in death) LAST									
CC	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL							PERFOR	MEO?	AM	AILABLE PRIOR TO OMPLETION OF CAUSE
							─ Yes 2	□ NO	OF	DEATH?
	DID TORACCO LISE CONTI	PIRLITE TO CALISE C	DE DEATH	VEC [ИО П	INCEDTAIN			2	YES 2 NO
NA.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		OTHE		. X Realdence 6	G Other (Specify)	ALLE	Y WA	V
된	27. MANNER OF DEATH	28a. DATE OF INDURY	21	8b. TIME OF INJURY	28c. INJURY WORKS		28d. OESCRIBE HOW I			<u> </u>
BY F	1 Natural 5 Pending 2 Accident Investigation	9 2 Gar	1 3	012M	1 YES	Z NO	Subje	at a	SLOV	
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	Y — At home,	farm, street, tac	tory, office	*	281. LOCATION (Street	and Number o	or Rural Rout	e Number,
ED	4 Homicide determined	and and a second	- /	TLUE	Y		1917 CON	EW)	NO S	T.
الة	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	vledge, death	occurred at the	time, data and	place, and due t	o the cause(s) and mar	mer as state	d.	
dw/		R: On the beals of examination								nd manner as stated.

22/94

29d. DATE SIGNED (Month, Day, Year)

SEPT

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

TD THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be excluded within a flour safer death. Plage 6 may be retained by the burnet that the attending physician and completely filled in by the funeral direction page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be staded for use as the burial-transit permit. Pages 1, 2, 3 should be said within 72 hours with the State Dept. of Health and Mental Hygaine prior to burial, compation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		MOI					ONTH DAY YEAR			3. TIME OF DEATH	
Roland L. Coo						\rightarrow	ept.	22	19	94	
4. SOCIAL SECURITY NUMBER 219-20-4131	5. SEX 1XXM 2 F	6. AGE (In yrs. last birt	Mc	DAYS	HOURS -	MIN	DATE OF B (Month, Day arch	y, Year)	1927	Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	9a. FACILITY NAME (If not institution, give street and number)				March 22, 1927 1996. CITY, TOWN OR LOCATION OF DEATH						
2804 Rockrose A	2804 Rockrose Ave.				Baltimore				Ci	ty	
	AA- CYATE AA- COUNTY								10d. INSIDE CITY		
Maryland 100. STREET AND NUMBER											LIMITS?
2804 Rockrose Av		10f. ZIP CODE 21215				United S					
11. MARITAL STATUS 1XXNever Merried 2 Merried 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 X YES			□NO If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 □ YES 2 □ NO Specify:				or No-	14. RACE — American Indian, Black, White, etc. Specify: Black		
15. OECEDENT'S EDU (Specify only highest grade	ICATION completed)	18a DECED	WII ENT'S US	UAL OCCUPAT k done during m etired.)	ION lost of working		16b. KIN	D OF BUSI	INESS/IND	USTRY	DIACK
Elementary/Secondary (0-12) 7th grade	College (1-4 or 5 +	-)	dsca				Reti	ired-	Self	-Emp	loyed
17. FATHER'S NAME (First, Middle, Last)	. .			<u>.</u>	18. MOTHE	O'S NAME /				1	
Carroll E. Cook						sy M		o, merceri S	ournainej		
19a. INFORMANT'S NAME (Type/Print)				DRESS (Street							
Mrs. Ruth Dorsey		46	71 A	rthur	Shiple	y Ro	ad S	Sykes	vill	e, M	D 21784
20s. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 🔊 🗀 Other (Specify)	noval from Stata	cemetery cremeto					DATE 9/24		lors		wn, State .e, MD
21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
1 Jamos	10 (Treen		Burri	er-Oue	en F	unera	al Di	rect	ors.	P.A.
23. PART I. Efter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Final	complications that List only one cau	t caused the death.	. Do not	1212 enter the m	West (ld L	ibert	or respire	. Wi	nfié est,	Approximate Interval Setween
shock, or heart failure. IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. SONE TO DUE TO	CON AS A CONSEQUEN	NCE OF:	1212 enter the m	West (Old L	ibert cardiac	y Rd or respire	l. Wi	nfié	Approximate Interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	B. SONE TO DUE TO	OR AS A CONSEQUEN	NCE OF:	1212 enter the m	West (Id L	ibert	ry Rd	l. Wi	nfié	P.A. 1d, MD 2178 Approximate Interval Setwee Onset and Deat
immediate Cause (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due to b. OUE to c. Due to d.	OR AS A CONSEQUENT	NCE OF):	ACRY	ode of dying	such as	L 24a	WAS AN A PERFORM	STOPSY MEDT	est,	Approximate Interval Between Onset and Deat
shock, or heart failure. IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. Due to b. OUE to c. Due to d.	COR AS A CONSEQUENT COR AS	NOE OF:	CLV	ng cause giv	such as	L 24a	or respire	STOPSY MEDT	est,	Approximate Interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant conditions of the condition of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO b. DUE TO c. DUE TO RIBUTE TO CA HOSPITAL:	OR AS A CONSEQUENT (OR AS	VCE OF): VCE OF): VCE OF): VES F DEATH (the underlying NO [Check prity one THER!	ng cause giv	en in Pari	cardiac	OF respire	STOPSY MEDT	est,	Approximate Interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
JAPART II. Other significant condition DID TOBACCO USE CONT 29. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	B. DUE TO B. DUE TO C. DUE TO	COR AS A CONSEQUENT COR AS	VES OF SEATH	the underlying NO [Check prity one THER!	ode of dying	en in Part	L 24s	OF respire	MITOPBY MEDT	245.	Approximate Interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
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phock, or heart failure. IMMEDIATE CAUSE (Final diabase of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT PART II. Other significant condition DID TOBACCO USE CONT 21. WAS CASE REFERRED TO MEDICAL EXAMINERS? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 2 Accident 2 Accident 3 SuitSide 4 Homicide 28s. CERTIFIER (Check doly only 2 MEDICAL EXAMINE)	B. DUE TO	(OR AS A CONSEQUENT (OR AS	YES F DEATH O	the underlying the underlying the underlying the the time, diet the time, diet	UNCES JUNCES THE S THESE JUNY AT ORKY YES 2 1 6	en in Part RTAIN [ance 6 [26d due to 17 at the time	Other (Spin LOCATION of Council) date and	WAS AN A PERFORM VES 2 (NOW IN. N (Street an em, Street a	SUTOPSY SELDT JUNY OCCUR AUTOPSY AUT	24b. 24b. current fill fill fill fill fill fill fill fil	Approximate Interval Betwee Onset and Deat WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO COMPLETION OF CAUSE AND AND AND AND AND AND AND AND AND AND AND
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phock, or heart failure. IMMEDIATE CAUSE (Final diabase of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending investigation 2 Accident 2 Accident 2 Accident 2 Homicide Could not be determined 25st. CERTIFIER (Check only only 2 MEDICAL EXAMINE)	B. DUE TO	(OR AS A CONSEQUENT (OR AS	YES F DEATH (DOA Time of injuring to the property of the p	the underlying the underlying the underlying the the time, diet the time, diet	UNCES JUNCES THE S THESE JUNY AT ORKY YES 2 1 6	en in Part RTAIN [ance 6 [26d due to 17 at the time	Other (Spin LOCATION of Council) date and	WAS AN A PERFORM VES 2 (NOW IN. N (Street an em, Street a	SUTOPSY SELDT JUNY OCCUR AUTOPSY AUT	24b. 24b. current fill fill fill fill fill fill fill fil	Approximate Interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Onset an

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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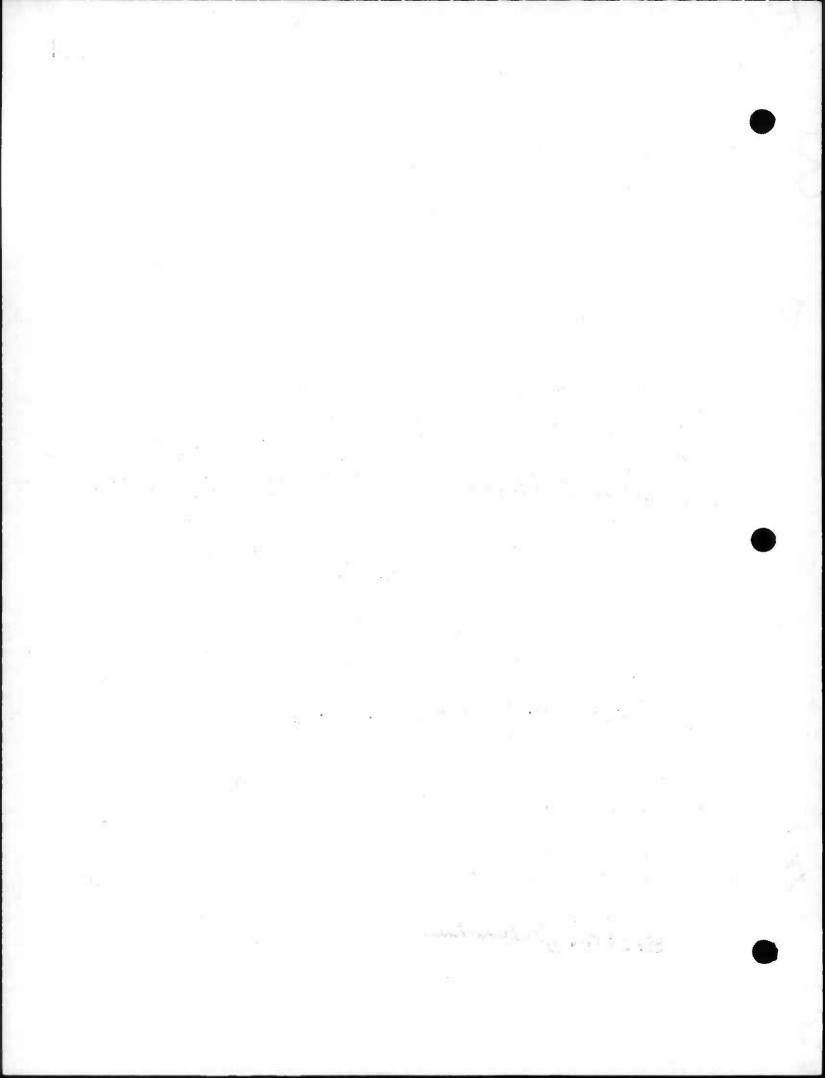
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA
REGISTRAR	CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) OLIVER JOHN	CLARK SA				2. DATE O MONTH	DE DEATH DAY	219	3. TIME OF DEATH OS 10 Q M	
	4. SOCIAL SECURITY NUMBER 577-50-5473 9a. FACILITY NAME (If not institution, give	1X□ M 2 □ F 54	In yrs. last birthday) 4 YRS.	MONTHS DA		11-	F BIRTH Day, Year) 24-39	9 W	BIRTHPLACE (State or Foreign Country) ASH . D . C .	
HO!	FREDERICK MEM	ITAL		REDERIC			6c. COUNTY OF DEATH FREDERICK			
DINECTOR		DERICK	10c. CIT	CITY, TOWN OR LOCATION FREDERICK					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
LONGRAL	100. STREET AND NUMBER 600 BENTZ ST			107. ZIP CODE 21701					U.S.A.	
5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Merried 2 ☐ Merried FORCES? 1 X YES 2 ☐ N			DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 X NO Speci	an, Puarto Ri		es or No— 14. RACE — Americen Indien, Black, White, etc. Specify: BLACK		
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	work done durin	PATION g most of working	16b.	KIND OF BUSI	NESS/INDUST		
	17. FATHER'S NAME (First, Middle, Last) OLIVER J. CLA			MAE	CLARK	ζ ΄				
2	190. INFORMANT'S NAME (Type/Print) ELLAINA HICK	547	WELL	NGTON C	DURT,	FRED	ERIC	K, MD. 2170		
	20s. METHOD QE DISPOSITION 1 Burlel 2 \(\text{D cremation } 3 \text{ Removal from State} \) 20b. PLACE AND DATE OF DISPOSITION (Name of \(\text{ 9 - 20 - 9 at E} \) 20c. LOCATION City or Town, State OWINGS MILLS MD.									
	22. NAME AND ADDRESS OF FACILITY GARY L. ROLLINS FUNERAL HOME 100 WEST ALL SAINTS ST. FREDERICK								HOME FREDERICK,	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· SEIZHA	CONSEQUENCE O	54417 Pi 150R	45	14504	LAR	Dise	Onset and Dasth	
	PART II. Other algnificant condition ALCO HOL HSED TOBS DID TOBACCO USE	15M ACCD					24s. WAS AN A PERFORM t YES 2	IED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	CAUSE OF		8. PLACE OF DEATH (C)			
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		Home 5 Reeldence INJURY AT WORK?	_	(Specify)	JURY OCCUR	ED	
5	1 Natural 5 Pending 2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide detarmined	5 Pending Investigation 8 Could not be 28a. PLACE OF INJURY — At home, farm			YES 2 NO	2af. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE		SICIAN: To the best of my knowl							suse(e) end manner as stated.	
		Roberts "			Deg E	967		DO	GNED (Month, Day, Year) 7/21/94	
	RRRROBEI	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type 779	57	Freder	rick	MY	21	701-4599	
	SEP 2 6 1994	and an ender of	10.000							



TEMONG PHYSICIAN: The law requires that the death certificate be executed within and only a fler death. Page 6 may be retained by the hospital or attending physician.

The fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

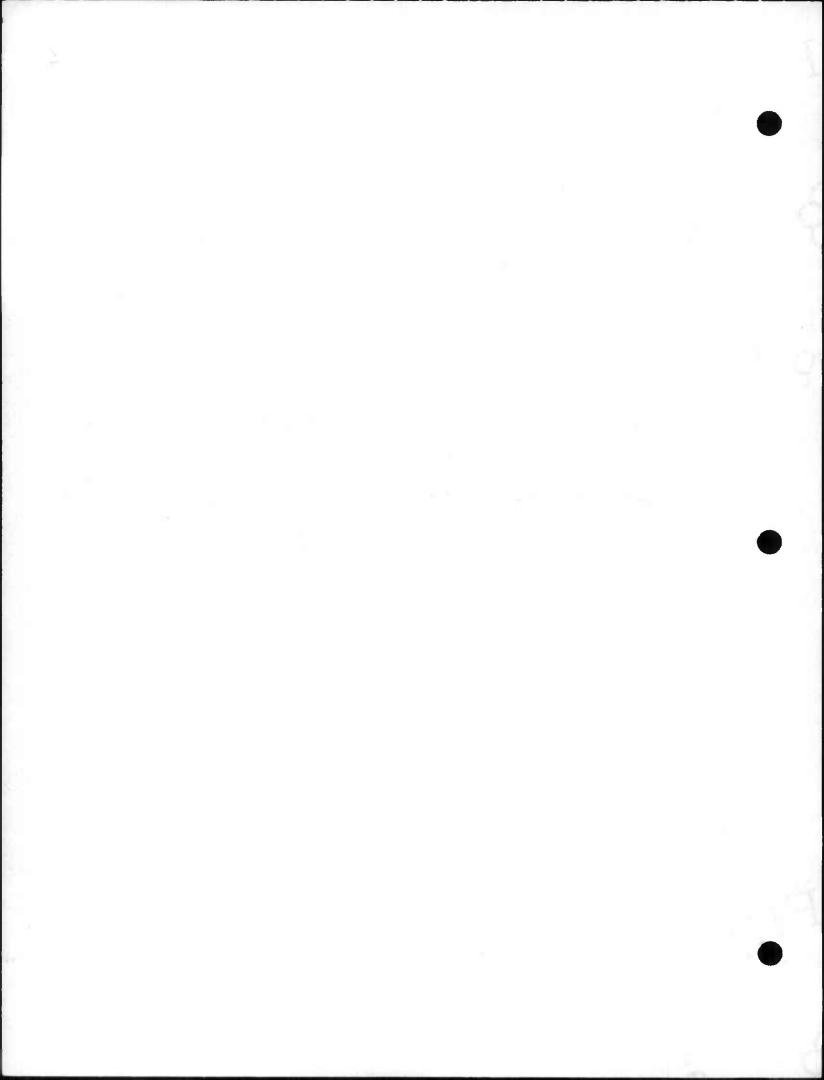
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DIVISION OF VITAL RECORDS, I	Mg.	50	Ħ	63
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat	Œ	₹	IMPORTANT: INten 28 in marked, or item 23 shows any injury,
	뿦	뿦	8	6
	=	=	Œ	9
	2	TO THE FUNE IN A PRIME After this certificate has been signed by the atte	8	

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAN		<u> </u>		CAIL	- 01	DEAL	111	H	EG. NO.			
- 4	1. DECEOENT'S NAME (First, Middle, Lest)								2. DATE OF C	DEATH		1000	3. TIME OF DEATH
	MYRTLE V	IOLA DeVO	Ē.						MONTH	2.		YEAR 94	10-20 7 #
1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	t hirthday)	IF UNDER	1 VEAD	IF UNDER	04.4890	SEPT.		<u> </u>		10:30 A M
1 8		1 🗆 M 2 🔀 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	v Manel	ا مم	Country	LACE (State or Poreign
	054-38-1784	71	85	YHS.				2000	MAR. 1	11 15	909	بلل	T.
1 1	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
띩	BON SECOURS EXTEN	DED CARE			FIJ	.TCO	TT CI	עידין			HOU	WARD	
IKI	RESIDENCE OF DECEDENT	DED GREE				1100	11 0.		_		1101	WHILD	
DIRECTOR	10e. STATE 10b. COUNT	TY		10c. CITY	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
1 1 1	MD. HOW	ADD.		177	LICO	VIIII (OTIME?						LIMITS?
1 1	10e. STREET AND NUMBER	MILL		Fil	штсс								1 YES 2 NO
🙎							. ZIP CODE						HAT COUNTRY?
	3000 N. RIDGE RD	. APT.	110				21043	3			US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARI	MED	13. V	MAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Sp	pecify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 Married	IF YES, GIVE W	YES 2 X N	10			ecify Cuba 2 X NO		n, Puerto Rican	, atc.)		Black, Specify	, White, alc.
BY	3 X Widowed 4 Divorced		or or or		- 1 '	ics	ZMI	Specify					HITE
0	15. OECEDENT'S EOL	JCATION	16a, DE	CEOENT'S	USUAL OC	CUPATIO	DN .		165 KINI	D OF BUS	INESS/IND		ULIE
	(Specify only highest grad	e completed)	(GI	ve kind of w	vork done d	during mo	st of workin	ng	100. Kill	D OF BOS	ME33/MC	NOSTRI	
ا ترا	Elementary/Secondery (0-12)	College (1-4 or 5+)											
Σ		4	I	HOMEN	IAKER				OV	WN HO	OME_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, Middle	e, Maiden	Surname)		
BE	GEORGE HUFFM	AN					LE	INA V	V. LAMI	BERT			_
	19a. INFORMANT'S NAME (Type/Print)		196	. MAJLING	AOORESS	(Street a	nd Number	or Rumi F	Route Number, C	ity or Town	State Zin	Corde)	
일	CHARLES DeVOE	(SON)							AY, COI				21044
								(I) // I					
	20e. METHOD OF DISPOSITION 1 Derial 2 Cremetion 3 Ren	noval from State	20b. PLACE A cemetery, crei	metory or of	her plecel				OATE			City or Tow	N-111
	4 Donation 5 Other (Specify)		METRO	CREM	IATOR	Y	5	SEPT.	. 26,	94 (CATO	NSVIL	LE, MD.
	21. SIGNATURE OF FUNELIAL BERVICE LI	CENSEE	10	/			O ADDRES						
		_)_	×/ .						LL WIT				
	Lugseu		X-7		55	55 5	IWIN	KNO	LLS RD	. CO	LUMB]	IA, M	D. 21045
1 1	23. PART i. Enter the diseeses, or	complications that	aused the ds	ath Do n	ot enter	the mo	ds of dyl	ing, suci	h se cardiac	or respli	ratory an	reet,	Approximate
	ehock, or heart feliure.						^						Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	Cone	brond	20.0	.11	11	0	1 1 1	00,15	>			Onset and Death
	resulting in deeth)	8				, – ,	1	12	COV				
		OUE TO (OR AS A CONSEC	DUENCE OF	ገ:								
z	Sequentially list conditione,	b											
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF	F):								
3	cause. Enter UNDERLYING	C											!
Ē	CAUSE (Disesse or Injury thet initiated evente	OUE TO (OR AS A CONSEC	UENCE OF	F):								
분	resulting in death) LAST												
		d											
1 11	PART II. Other significant condition	ns contributing to	deeth but not re	esulting i	n the un	derlyln	g cause g	given in	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā									1 [YES 2	□ NO		OF DEATH?
M													1 - YES 2 - NO
	DID TOBACCO USE	CONTRIBUTE	TO CAUS	SE OF	DEAT	TH Y	ES [NC				-	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							EATH (Chi	eck only one)				
) ii	EXAMINER?	HOSPITAL:	EDIO.	□ 5 2.	OTHER	R:							
≥		1 Inpetient 2				_		aldence	8 Other (Spi				
표	27. MANNER OF DEATH	28a. DATE OF I (Month, Da	NJURY y, Year)	28b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DESCRIE	BE HOW IF	NJURY OC	CURED	1
BY	1 Natural 5 Pending 2 Accident Investigation				M	1 🔲 '	YES 2	NO					
0	3 Suicide 8 Could not be	28e. PLACE OF	INJURY At hor	me, farm, s	treet, facto	ory, offic			28f. LOCATION	N (Street a	nd Number	or Rural Re	oute Number,
l w II	4 Homicide determined	building, e	rtc. (Specify)						City or Tox	wn, State)			
<u> </u>	29a. CERTIFIER			_						_	=		
릴	(Check only	SICIAN: To the best of r											
COMPL	one) 2 MEOICAL EXAMIN	ER: On the beals of ex	emination and/or is	riveatigatio	n, in my o	pinlon, d	leath occur	red at the	time, data end	place, and	d due to th	ia ceuse(a)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUN		1			
8	1.11/1/2 71:	1 00	λ				Se. LICE	HOE NUN	7 1		29d. OAT	E SIGNED	(Month, Day, Year)
0	Willem I Con	w1.					4	10	108		7	14	2/7 4
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUS	E OF DEATH (ITEM			1 -	T	1	2.1	1		0	12.01/11
	WM HOLL	ensm	151	107	55	F-4	PP	- (Dlu	ns.	10	MC	1 4044
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE								,		
	SEP 26 1994	1											
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flower feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

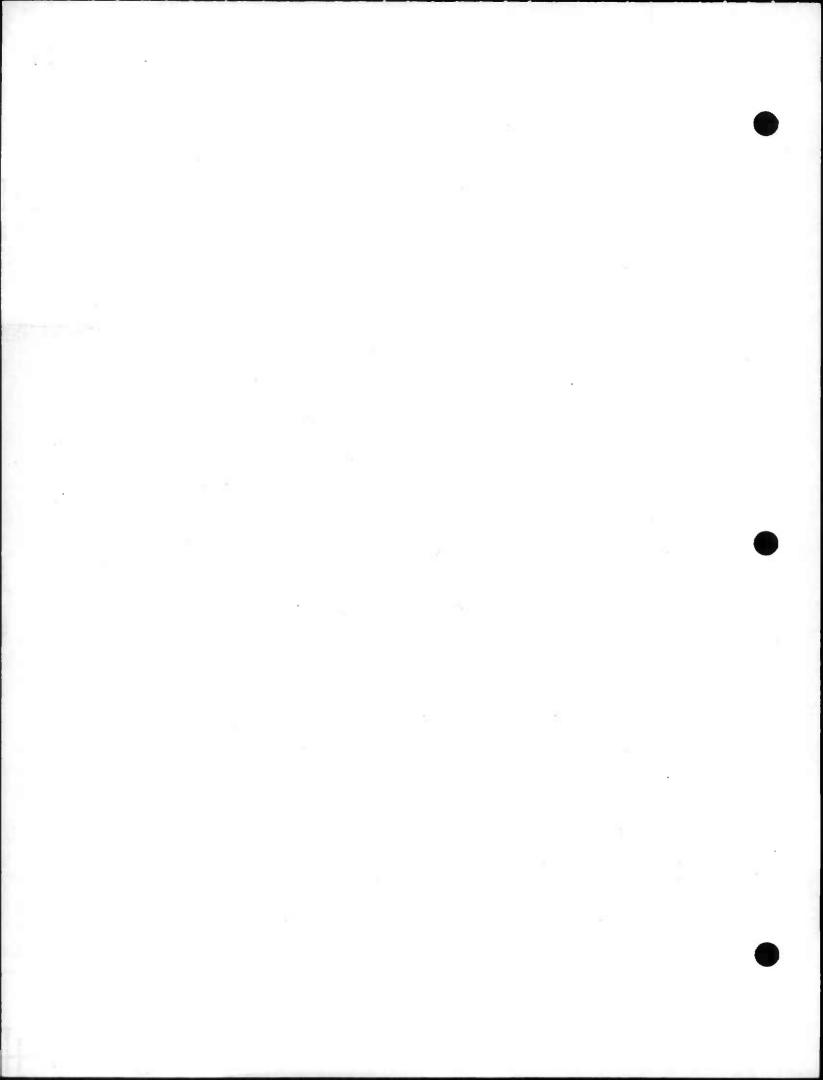
	REGISTRAR		CE	:RIIF	ICALE	_ OF	DEA	IH_	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH	v	YEAR	3. TIME OF DEATH
		UTTON							09	23		1994	0110 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF E (Month, De	HRTH V Muscl		8. BIRTH Countr	IPLACE (State or Foreign
	212-32-7522	1 □ M 2 反 F	60	YRS.	MONTHS	UATS	HOURS	Mile.	Oct 3,	193	33		yland
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF O	EATH
O.	Greater Baltimor	e Medic	al Cente	er	T	owsc	n				Ba1	Ltimo	re County
[[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 CIT	Y, TOWN O	D LOCAT	1011						444 110105 0174
E	7.7.7.1.			100									10d. INSIDE CITY LIMITS?
	Maryland Balt	imore Co	•	P	ikes		. ZIP CODI				40- 017	1751 05 1	1 TYES 2 NO WHAT COUNTRY?
FUNERAL DIRECTOR	1332 Sudvale Rd.					100					iog. Cit		THAI COUNTRY?
ᄬ	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	12 9	MS DEC		.208	IC ORIGIN? (S	andh. Van	on No	USA 14. BACE	
ᄄ	1 Never Merried 2 X Merried	FORCES? 1	YES 2 X	10	- 11	yee, sp	ecify Cube		, Puerto Ricer		or No—		E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	11 TE3, GIVE V	WH OH DATES		- '	∐ TES	2 ET NO	Specify.				Speci	" White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON of weeking		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT us	e retired.)	runny mo	at or workin	v					
MP	12 years		Acti	lviti	es D	irec	tor		Pik	esvi	111e	Nurs	ing Home
8	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAM	ME (First, Middle	e, Maiden	Surname)		
BE	DeLancey B. Scr	ivner						Mar	garet	H. V	Vinds	sor	
5	19e. INFORMANT'S NAME (Type/Print)								loute Number, C				
	Mr. Henry Dutton							Pik	esvill			2120	
	20e. METHOO OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	oval from State	206. PLACE A cametary, cre Druid						OATE			City or To	
	4 Donetion 5 Other (Specify)	FNCEE	Druid	Kldg				SS OF FAC	9-26	Pil	kesv:	ille,	, MD
	101 1/ X	1 5	75						uneral	L Di	recto	ors,	Inc.
	John K P	nimo	1						Rd. Ra				MD 21133
	23. PART i. Entar tha diseases, or o shock, or heart failure.	complications the	t caused the de	ath. Do r	not antar	the mo	de of dy	ing, such	as cerdiec	or reapi	ratory er	rest,	Approximate interval Between
	INAMEDIATE CALIFE (CII	Hilliam Committee			~ / ~		-						Oncet and Death
	disease or condition resulting in death)	INT	EJTINA	7 0	101	TRV	CN.	ON					
1		DUE TO ADEV	(OR AS A CONSEC	OUENCE OF	F):	2	1		141	00		111	
ON	Sequentially list conditions,	b. TUETO	(OR AS A CONSE	CIN	0/17	,0	NIC	NUL	VIV	rr	1 171	7	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO	(OH AS A CONSEC	JUENCE OF	r):								
윤	CAUSE (Disease or injury that initiated evants	DUE TO	(OR AS A CONSEC	DUENCE OF	F):				-				
E	resulting in death) LAST												
S		u,											
EDICAL	PART II. Other significant condition	s contributing to	death but not r	esuiting	in the un-	deriying	g causa g	given in i	Part i. 24a	. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	ELEONIL	7/5	ABNORA	1701	DE				10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
M									_				1 YES 2 NO
ä	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEAT	H Y	ES 🖂	NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Che	ock only one)				
YSI	1 TYES 2 THO	1 inpatient 2	ER/Outpatient 3	1	4 🗆 Nurs	Ing Hom		esidence	6 Other (Sp				
	27. MANNER OF DEATH 1 Photograph 5 Pending	28e. OATE OF (Month, E	ay, Year)	26b. TIM INJ	URY		RK?	- July	28d. OESCRII	BE HOW II	NJURY OC	CUREO	
A	2 Accident Investigation	24 - Pt 405 (OF IN HAPPY				rES 2	NO					
B	3 Suicide 6 Could not be 4 Homicide determined	building,	OF INJURY — At ho etc. (Specify)	me, term, i	street, lecto	огу, опте			281. LOCATIO City or To	N (Street a wn, State)	ind Numbe	r or Rural F	Route Number,
COMPLET	29e. CERTIFIER					_							
MP	(Check only												
8	2 MEDICAL EXAMINE	R: On the besis of e	xamination and/or i	Investigatio	in, in my o _l	pinion, d	eath occur	red at the	time, date end	place, en	d due 10 t	he ceuse(e	e) end manner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1						ENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
0	67-1-1							277			>	41	13/19
-	30. NAME AND ADDRESS OF PERSON WH	M D CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	. 1				4-11	_	10	2/204
	CAM CONEN,	12 6		·	1400	ヒノ	11 .	2	1 4 /1	701	+	111/	21-07
	31. DATE FILED (Month, Day, Year) SEP 2 6 1994	A DESCRIPTION OF THE PARTY OF T	ART SIGNATURE										
- 1	011 0 0 1001												

YLAND 21215-0020	by the hospital or attending physician.	tely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	sely filled in by the funeral director, page 5 should be detached for use a
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR STENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			YGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH		3. TIME OF DEATH
	IOLA	EVERLY				SEPT	. 23,	1994	9:05 P. M
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day	y, Year)	Count	HPLACE (State or Foreign try)
	215-28-9264 9a. FACILITY NAME (If not institution, give st	1 M 2 F 62	YRS.		OR LOCATION OF O	AUG.	25,1932		IARYLAND
DIRECTOR	932 ELMRIDGE AVENU	ÜE		BALT	IMORE				
REC	10s. STATE 10b. COUNTY	(10c. CITY	Y, TOWN OR LOCAT	TON				10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER			BALTIMO	RE		100.	CITIZEN OF	1X YES 2 □ NO WHAT COUNTRY?
FUNERAL	932 ELMRIDGE AVENU	UE			21229			U.S.A	
S	11. MARITAL STATUS	12 WAS DECEDENT EVED IN	U.S. ARMED		ENDENT OF HISPAI			- 14, RAC	E — American Indian,
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 LXNO TES	If yes, spe 1 TYES	ocity Cuban, Mexica 2X NO Specif		, etc.)	Spec	ck, White, atc. Cify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATIO	ON et al working	16b. KINI	D OF BUSINESS	3/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	SECRET	se retired.)	St Or WOTKING		CANDA	COM	4 4777
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		SECKET	IAKI				COMP.	ANY
BE CC	WILLIAM H. SELLERS	3			18. MOTHER'S NA DOROTH	AME (First, Middle Y A. NA		ne)	
10	100. INFORMANT'S NAME (Type/Print) RAY HELVIG			ADDRESS (Street a					MD. 21228
	20a. METHOD OF OISPOSITION 1	oval from Stata ceme	PLACE AND DATE C	OF DISPOSITION (Na ther place)	ime of	DATE	20c. LOCATION		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		UDON PAR	22. NAME AN	ERY ND ADDRESS OF FA	9/27	BALTI	MORE	
	M. Theas	O Colema	21/	HUBBAI	RD FUNER	AL HOME			27 21220
	23. PART I. Enter the diseases, or c	complications that caused	the deeth. Do n	ot enter the mo-	WILKENS de of dying, suc	AVENUE-	or respiretory	UKE,	Approximete
	shock, or heert failure. I	List only one cause on ea	ich Ilne.	2	()				Interval Between Onset and Death
	diseese or condition resulting in death)	. THETASTA	FILL	OLON	LAR	-CINON	7A		34R5
		DUE TO (OR AS A	CONSEQUENCE OF	F):					
ON	Sequentially list conditions,	b DUE TO (OR AS A	CONSEQUENCE OF	F):					
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Ē	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION	resulting in deetin) LAS1	d							- M
7	PART ii. Other eignificent conditions	is contributing to deeth bu	It not recuiting i	in the underlying	ceuse given in	Part i. 24e.	. WAS AN AUTOF	PSY 241	b. WERE AUTOPSY FINDINGS
EDIC/						10	PERFORMED?	0	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ							~		1 TES 2 NO
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O			0 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100000000000000000000000000000000000000	OTHER:	ACE OF DEATH (CA	ominate de la company	Liebe III		
HYS	1 YES 2 NO	1 ☐ Inputient 2 ☐ ER/Output 28s. DATE OF INJURY	Stient 3 DOA	4 Nursing Hom		6 Other (Spe 264, DESCRIB	ecity) SE HOW INJURY	accurage)	
BY PI	1 Natural 5 Pending	(Month, Day, Hear)	SHUR	URY WO	PES 2 NO	200. 000000	IL NOW INCOME.	OCCURED	
0 8	Suicide @ Could not be	25e. PLACE OF INJURY - building, etc. (Specif	— Al home, farm, in	street, factory, office		28f. LOCATION City or Tow	N (Street and No wn, State)	mber or Flure!	Route Number.
ETED	4 Homicide determined					23/10/25			
сомы	(Check Duly) CERTIFYING PHYSIC	1							(a) and manner as stated.
3	200 SIGNATURE AND TIME OF CENTIFIER		1		29r. LICENSE NU		S 31		D (Month, Day, Weer)
TO BE	J Janes J	XXXX	Mha	MD	D19	419	>	9/21	194
F	DD DTANA II CDT	VU			DAY MINO	nr.	NP 2	1000	
	31. DATE FILED (Month, Day, Year)	IFFITHS 100		AVENUE -	BALTIMO	RE,	MD 2	1229	
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TAILUNG PHYSICIAN: The Impress that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	OR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of	4
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item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

										7	4	20105
	1 - STATE REGISTRAR	STATE OF M			RTMENT (MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE E. EVESON	N, JR.	0	LINITI	ICATE	<u>Or</u>	DEAI	п	2. DATE OF DEATH MONTH Sept. 24	DAY 199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-03-8096	5. SEX 1 🔀 M 2 🗌 F	6. AGE (in yrs. la:	st birthday) YRS.	MONTHS E	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 11,		8. BIRTH	HPLACE (State or Foreign ny)
OR	9a. FACILITY NAME (If not institution, give so North Arundel Hos				9ь. сату, та G1en					9c. COL	e Art	EATH
3ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ION					10d, INSIDE CITY LIMITS?
	Maryland Anne	Arundel		G1 ∈	n Bur	_						1 YES 2 X NO
FUNERAL DIRECTOR	405 Joyce Lane					101.	ZIP CODE	061				what country? States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED	II y	res, spe	ENDENT O	F HISPAN 1, Mexica Specify	IIC ORIGIN? (Specify) n, Puarto Rican, etc.)	es or No—	14. RACI Black Spec	E — American Indian, k, Whita, alc.
	15. DECEDENT'S EDUC		18a. DE	CEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF B	USINESS/IN	DUSTRY	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	life	. Do NOT u	work done duri se retired.) 'ician		t of workin	g	Build	ling		
	17. FATHER'S NAME (First, Middle, Last)	Cu							ME (First, Middle, Maide	an Surname)		
BE	George E. Eveson,	21.	19	b. MAILING	ADDRESS (S			_	Stilts Route Number, City or To	wa Stata 7	in Code)	
2	George E. Eveson								hicum, Ma			.090
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval Irom Stata	cemetery, cre	matory or o				27 (ocation -		, Maryland
	21. BIGMATONE OF FUNERAL SERVICE LIC	NSEE	Q	пауег	Ki	rk1	ey-R	uddi	ck Funera	1 Hor	ne	, MD 21061
	23. PART I. Enter the diseases, pr c shock, pr heart fellure. I	omplications that	t ceused the de	ath. Do i	not enter th	ne mod	de of dyl	ng, sucl	n as cerdlec or res	plratory e	rest,	Approximete
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	arte	rio S	eler	ofic	4	non	b-0	osenles	Dos	lan	
-		Caroni	OR AS A CONSE	QUENCE O	Eur	M	elm	ona	osenles	eun		
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	F): -	1	Jel	Polon	2000	1 440	20	
IFIC/	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	DUENCE O	m / .	14	-0-0	1.	to the	yu	71	
CERT	resulting in deeth) LAST	anghe	24 de	wth	fail	he		TO	Yanag			
- I	PART II. Other significent condition	s contributing to	deeth but not i	resulting	In the unde	erlylng	ceuse g	iven in	Part I. 24s. WAS / PERF	N AUTOPSY ORMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI			,						1 _ YES	2 NO		OF DEATH?
N.	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 NO	о <u>П</u>	UNC	ERTAIN	10			
SICIA	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:		. F □ 9	aldanaa	8 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TIM	E OF 28	Bc. INJU	JRY AT	siderice	28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ	2 Accident Investigation	28a. PLACE O	F INJURY — At ho	me, larm.			ES 2	NO	281. LOCATION (Street	t and Numbe	v or Rural i	Pouts Number
TED	4 Homicide 8 Could not be	building,	etc. (Specify)						City or Town, Stal		· Or Fideer I	wate manue,
OMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC ONE)											
8	2 MEDICAL EXAMINES		withmedun end/or	vvstigatic	n, in my opin		29c. LICE			-		(Month, Day, Year)
7	from or	3no					0	428	20	▶ DA		. 26, 199 6

3708 Mountain Rd., Pasadena, Maryland 21122

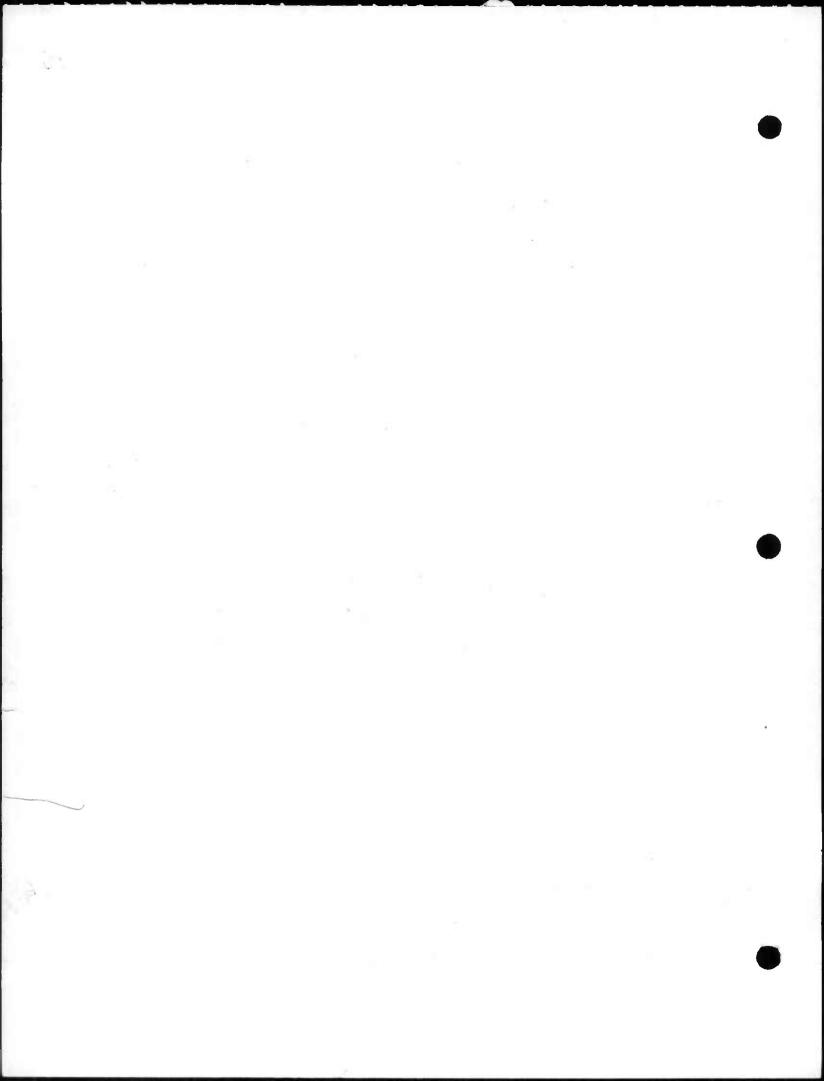
OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Christopher deBorja, M.D.,

31. DATE FILED (Month, Day, Year) 5 C P 2 6 1994

DHMH-16 Rev 1/89

Sept. 26, 1996



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THE HOSPIAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Menial Hyghen prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once.
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	1 - FOR STATE REGISTRAR	ATE OF MARYLAND /		TMENT OF H		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	Robert	F+	zler	1	2. DATE OF DEATH MONTH DA	33 9	S. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 5. SEX		st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	10	BIRTHPLACE (State or Foreign Country)
	Sa. FACILITY NAME (If not institution, give street and			9b. CITY, TOWN C	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
10R	Stella Maris Ho	25pice		TOW:	son		Bo	altimore
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
D	Maryland Carrol	1		Woodbi				LIMITS?
FUNERAL	100. STREET AND NUMBER 7046 Woodbine Road	d		101	21797		1	S . A .
UNE	11. MARITAL STATUS 12. WA	AS DECEDENT EVER IN U.S. AF		13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Specify Yea		RACE — American Indian.
ВУ	1 Never Married 2 Married FO 3 Wildowed 4 Divorced 1	PRCES? 1 TXYES 2 1 YES, GIVE WAR OR DATES 1936-1966	NO	If yes, sp	ecify Cuban, Maxica 2 A NO Specifi	n, Puerto Rican, atc.)		Black, White, atc. Specify: White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed) (G	CEDENT'S	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	16b. KIND OF BUS	INESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) Colleg	86 (1-4 04 2 +)		ed Color		U.S. A	Armv	
NOC	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
BE (N. Wilson Etzler				Bessi			
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Ann J. Etzler			Woodbine		Number, City or Town		
	20a. METHOD OF DISPOSITION	20h DI ACE	-	F DISPOSITION (Na		Woodbine,		L797
	1 Burial 2 X Cremation 3 Removal from 4 Donation 5 Other (Specify)	m State cemetery, cre	omatory or o	remation	Serv.	9/26 Han		
	21. SIGNATURE OF THEFRAL SERVICE LICENSEE	Jenks		Burri)irecto	ors, P.A.
	23. PART i. Enter the diseasea, or compile ahock, or heert fallure. List onli iMMEDIATE CAUSE (Final disease or condition resulting in death)	etione that caused the de ly one cause on each line on -5 mg//	ce	ot enter the mo	de of dying, auc			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
ᄗ	PART II. Other algnificant conditions contri	fbuting to deeth but not r	eaulting i	n tha undarlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						1 TES 2	4	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M)			-		1 NES 2 NO
MAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-	26. PL	ACE OF OEATH (Che	ack only one)		
YSIC	1 ☐ YES 2 M NO 1 ☐ Ing	PITAL: patient 2 ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing Home	5 - Residence	8 X Other (Specify)	0501	ce
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	a. OATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY WO	JRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURE	EO
	3 Suicide 8 Could not be detarmined	in. PLACE OF INJURY — At ho building, ato (Specify)	me, ferm, s	treet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or R	iural Route Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, da						USA(A) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							GNED (Month, Day, Year)
TO BE					29c. KICE/ISE HUM	504	>	(way, rout)
$\vdash \parallel$	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETEO CAUSE OF DEATH (ITEI	4 27) (Time	Oriet)				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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CIVISION OF VIEW RECORDS, P.O. BOX 88780	BALLIMORE, MARTLAND 21213-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sertions at an anti-main. Plage 6 may be retained by the hospital or attending physician.	own the death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the function page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALE	<u> </u>	DEAL	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Fras	0.16						MONT	OF DEATH	Y	YEAR	3. TIME OF DEATH
	1 Smay 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs.	f 6 tisk d. 1					_	. 22,	1994	_	3:10 Pm
	092-40-9654	1 M 2 X F			IF UNDER	DAYE	IF UNDER	MIN.	(Montl	OF BIRTH h, Day, Year)		Countr	
	9e. FACILITY NAME (If not institution, give st		1	00 YHS.		June 7, 1							
œ	3505 Templar Ro		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
5	RESIDENCE OF DECEDENT		Randallstown Baltimor						more				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d, INSIDE CITY
片	Maryland B	altimore				Rand	lal1s	town	1				LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COOL	E .			10g. CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	3505 Templar	Road					21	133			I	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	l? (Specify Yee			E — Americen Indien, k, White, etc.
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W		NO			2 NO NO			Ricen, etc.)		Speci	
B	3 X Widowed 4 Divorced							ороспу					lack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18e.	DECEDENT'S	work done o	CCUPATIO	ON at of workin	o o	16b	. KIND OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	lite. Do NOT us	se retired.)								
₽ E	High School			НС	mema	ker							
8	17. FATHER'S NAME (First, Middle, Last) Allen									Middle, Meiden			
BE		M	artin				<u> </u>	Hele			owes		
2	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town			22
	Mrs. Gretel Ramsa	У		3505 1				Kan	_	stown,		211	
	20e. METHOD OF DISPOSITION 1 Burlel 2 XCremation 3 Ramo	oval from Stata	cemetery.	crematory or o	ther plecel				OAT			City or To	
1	4 Gonation 5 Other (Specify)	ENSEE	Car	roll (9/2	23 Han	ipste	ad,	Maryland
22. NAME AND AGORESS OF FACILITY Loring Byers Funeral Directors,								ors,	Inc.				
_	7												MD 21133
1	PART I. Enter the diseases, or c	omplications that	caused the	death. Do r	not enter	the mo	de of dyi	ng, suct	as card	liac or reapid	ratory ar	rest,	Approximate
- 1	NUMEDIATE CAUSE (Final	at only one cau	1 . \	ine.	.1	0	. 0		Liver	1			Onset and Death
I	disease or condition resulting in death)	do	the M	your	rell		Mey	me	10	7			
-		DUE TO	OR AS A CON	SEQUENCE O	F):		1		. 0				
Z	Sequentially list conditions,	Cer	undie	1 an	nok	10	MA	بمهالا	4				
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CON	EOUENCE O	F): (1							
CERTIFICATION	CAUSE (Disease or injury	OHE TO	OR AS A CON	PEQUENCE OF	E).								
≣	that initiated events resulting in death) LAST	002.10	(011 40 4 0011	SEOSEWOE O	1.								i
핑													
	PART II. Other aignificant conditions			t rasuiting	in the un	derlying	cause g	iven in i	Part i.	24a. WAS AN		24b.	. WERE AUTOPSY FINOINGS AVAILABLE PRIDE TO
EDICAL		wholen	0/3		1/	91		1	_	1 YES 2	1		COMPLETION OF CAUSE OF DEATH?
ME	Chebral Vas	ulay /	whiff	reary	XIU	ساسم	WX	Will	200	/	/\		1 TES 2 NO
ä	DID TOBACCO USE CONTR		USE OF DI	EATH YE	S 🗆 1	10 E	UNC	ERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	28. PL	ACE OF OEA		, , ,	12						
ાં આ	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 AR.	aldence	6 🗆 Other	r (Specify)			
E	27. MANNER OF DEATH	26e. DATE OF (Month, Da		28b. TIM	E OF URY	26c. INJ	URY AT		28d. DEŞ	CRIBE HOW IN	JURY OC	CURED	
B	1 Netural 5 Pending Investigation				М	1 🗆 1		NO					
ا ۵	3 Suicide 6 Could not be	26e. PLACE Of building,	F INJURY — At atc. (Specify)	home, term, a	rtreat, fact	ory, office				ATION (Street a	nd Number	r or Rural A	Route Number,
	4 Homicide determined									92-1-2-22			
2	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the ti	me, data	end place,	end dua	to the ceu	ise(e) end man	ner ee ata	ted.	
COMPLETE	one) EXAMINER	: On the baals of an	amination and/	or Investigatio	n, In my o	pinion, d	esth occur	ed at the	time, data	and place, end	dua to th	ne cause(s	s) end menner ae stated.
S I	296. SIGNATURE AND TITLE OF CERTIFIER	201/					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNEO	(Month Day, Year)
0	Ba Will	1911					D	70	300	1		90	2394
ĭ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATH (I	ТЕМ 27) (Туре,	Print)					1			
	Dr. Joseph Nkwa	inyuo		21 No	cth E	Luta	w S	Suite	e 30	00			
	31. DATE FILED (Month, Day, Year)	Musikar Ka	ATURE							-			
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recuted with hours after death. Page 6 may be retained by the hospital or attending physician.	detached for
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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that the death cert	ned by the attending th and Mental Hypis	any injury, or oth
uires that the death cert	signed by the attending Health and Mental Hydia	ows any injury, or oth
v requires that the death cert	been signed by the attending to of Health and Mental Hydis	shows any injury, or oth
e law requires that the death cert	has been signed by the attending Dent. of Health and Mental Hvois	23 shows any injury, or other
: The law requires that the death cert	cate has been signed by the attending state Dept. of Health and Mental Hydis	item 23 shows any injury, or oth
CIAN: The law requires that the death cert	ertificate has been signed by the attending the State Dept. of Health and Mental Hydis	or item 23 shows any injury, or oth
HYSICIAN: The law requires that the death cert	is certificate has been signed by the attending with the State Dent. of Health and Mental Hydis	led, or item 23 shows any injury, or oth
E PHYSICIAN: The law requires that the death cert	r this certificate has been signed by the attending	narked, or item 23 shows any injury, or oth
NUMB PHYSICIAN: The law requires that the death cert	After this certificate has been signed by the attending	a marked, or item 23 shows any injury, or oth
THE LINE PHYSICIAN: The law requires that the death cert	CTDP After this certificate has been signed by the attending	2s is marked, or item 23 shows any injury, or off
OF WATER DAME PHYSICIAN: The law requires that the death cer	PHETION ATTACKS the Conficate has been signed by the attending	tem 2s is marked, or item 23 shows any injury, or oth
THE CHARGEMENT PHYSICIAN: The law requires that the death cert	At preparation with the State Dent. of Health and Mental Horis	If tem 28 is marked, or item 23 shows any injury, or oth
ISPITE CITY TO THE BANK PHYSICIAN: The law requires that the death cert	NWAL DEPOTED After this certificate has been signed by the attending	N'M I Item 28 s marked, or Item 23 shows any Injury, or oth
E HOSPITAL OF THE MONE PHYSICIAN: The law requires that the death cer	FINITY INTECTOR After this certificate has been signed by the attending	FTANTAL Item CB is marked, or item 23 shows any injury, or other
ID THE HOSPITA OF AN ALCOHAN. The law requires that the death certificate be executed with rooms after death. Page 6 may be retained by the hospital or ante	TO THE FUNKAL DESCRIPTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	IMPORTANT II Item 25 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CE	HIIFICA	TE OF	DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
	ord, Jr.				q	24	74	15:20 M	
4. SOCIAL SECURITY NUMBER 5. SI		VRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	Counti		
9e. FACILITY NAME (If not institution, give street er	/3				9 3 19 Virginia				
				imore	EATH	9c. COL	INTY OF D		
RESIDENCE OF DECEDENT	edical cente	T	Daic	IMOLE			14/	Λ	
10e. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
Maryland N/A		Ba1	timo.	re				1 YES 2 NO	
Baltimore V.A. Me RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 860 Whitmore Ave 11. Marrial STATUS 12. V. Marriad 12. V. Marriad 13. Marriad 14. Marriad 15. Marriad 16. STATE 17. Marriad 18. Marriad 19. Marriad 19. Marriad 10. Marriad 10. Marriad 10. Marriad 11. Marriad 12. V. Marriad	enue		101	21:216	100	10g. C(1	USA	VHAT COUNTRY?	
11. MARITAL STATUS 12. V	MAS DECEDENT EVER IN U.S. ARMI	ED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Spe	cify Yee or No.—	14. RACE	E — Americen Indian, k, White, atc.	
3 Widowed 4 XDivorced	FORCES? 1 1 VES 2 ND FYES, GIVE WAR DR DATES WW 2		if yes, sp	ecify Cuben, Mexice 2 NO Specif	n, Puerto Rican,			k, White, etc.	
15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll 12 Years 17. FATHER'S NAME (First, Middle, Last)	eted) (Give	EDENT'S USUA	one durina mo	ON st of working	16b, KIND	OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) Cott	lege (1-4 or e+)	Oo NOT use retin							
17. FATHER'S NAME (First, Middle, Last)		eelwc	TKEL	18. MOTHER'S NA	ME (First, Middle	Maiden Surname)			
Luther L. Ford,	Sr.			Carrie		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-71 TO	
190. INFORMANT'S NAME (Type/Print) Wendell Ford	19b. 8.6	MAILING ADDI	tmor	nd Number or Rural	Route Number, City	or Town, State, Zi	ip Code)	212d6 laryrand	
20e. METHOD OF DISPOSITION		D DATE OF DIS							
1 Donation 8 □ Other (Specify)	rom State cemetery, cremi	atory or other plant	ece)	Mem. PR	12979	Laurel	, Ma	wn, State ryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSES			22. NAME AN	O ADDRESS OF FA				rstown Rd	
Decey Hon					ris F,	/H Bal	timo	re,Md2121	
23. PART I. Enter the diseeses, or compleshock, or heart fellure. List o								Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEDU	JENCE OF):	car	einma	of H	e Irop	logu	interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEDU House	JENCE OF):	car	einoua	41	e Irop	logu	intervai Between	
immediate cause, or heart feilure. List of immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) b	DUE TO (OR AS A CONSEQUED TO (OR AS A CONSEQ	JENCE OF):	re			MAS AN AUTOPSY	hogu	intervai Between	
immediate cause, or heart feilure. List of immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) b	DUE TO (OR AS A CONSEQUED TO (OR AS A CONSEQ	JENCE OF):	re		Part 1. 24a. 1	MAS AN AUTOPSY PERFORMEO?	hogu	interval Between Onset and Death WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
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immediate cause (Final disease or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions con	DUE TO (OR AS A CONSEDU DUE TO (OR AS A CONSEOU Stributing to deeth but not rea	JENCE OF): JENCE OF): sulting in the	2 underlying	j ceuse given in	Part I. 24a. 1	MAS AN AUTOPSY PERFORMEO?	hogu	interval Between Onset and Death Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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nsit p	ER/	4025 Lewiston	Road		212:
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 X NO	13. WAS DECENDENT OF If yee, specify Cuben 1 YES 2X NO
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial	PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elamentary/Secondary (0-12) 8th grade		1	WAL OCCUPATION k done during most of working etired.) y Worker
YLAN by the ho	ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) Robert Fitzgel	rald		18. MOTH B1 2
	must be notified at	190. INFORMANT'S NAME (Type/Print) Ella F. Caulk		19b. MAILING AC 4025	DORESS (Street and Number of Lewiston
Page 6 may to director, page	must be	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	206. PLACE AND DATE OF I cemetery, prematory or other Springhil	place),
ALT death.	examiner	21. SIGNATURE OF FINERAL SERVICE LY	arris		Chatman-
BOX 68760 cate be executed with hours hysician and completely filled in the prior to burial, cremation, or rele	ry, or other traumatic event, the medical	23. PART i. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR DUE TO (OR C.	as a consequence of): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	enter the mode of dyln
DIVISION OF VITAL RECORDS, P.O. 105PITAL OR ATTENDING PROCESS. The law requires that the death certific UNERAL DRECTOR. At the certifical mass been signed by the attending printing 75 hours there can be seen been of health and Mental Hyging printing 72 hours there can	ANT If Item 28 Is marker, or them 23 shows any injury, COMPLETED BY PHYSICIAN: MEDICAL CE	anal /	HOSPITAL: 1 Pinpatient 2 ER/ 28e. DATE OF INJU (Month, Day, 16 28e. PLACE OF INJ building, etc. (CIAN: To the best of my k	Outpetient 3 DOA 4 RY 28b. TIME C INJUR URY — At home, term, stre Specify)	26. PLACE OF DE OTHER: Nursing Home 5 Rae OFF 28c. INJURY AT WORK? M 1 YES 2

FOR

10a. STATE

Maryland

10e. STREET AND NUMBER

Pages 1, 2, 3 should

TO THE P TO THE P De filed v

BE

2

31. DATSEP 2"6"1994

DIRECTOR

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last,

4. SOCIAL SECURITY NUMBER

229-03-7578

RESIDENCE OF DECEDENT

RICHORD

9s. FACILITY NAME (If not institution, give st

NORTHLUEST

10b. COUNTY

ITZG EZALD

6. AGE (In yrs. last birthday)

PENTE

77 YRS.

IF UNDER 1 YEAR

10c CITY TOWN OR LOCATION

Baltimore

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

, J >

32. REGISTRAR'S SIGNATURE

IMPERIAL.

MI

10f. ZIP CODE

5. SEX

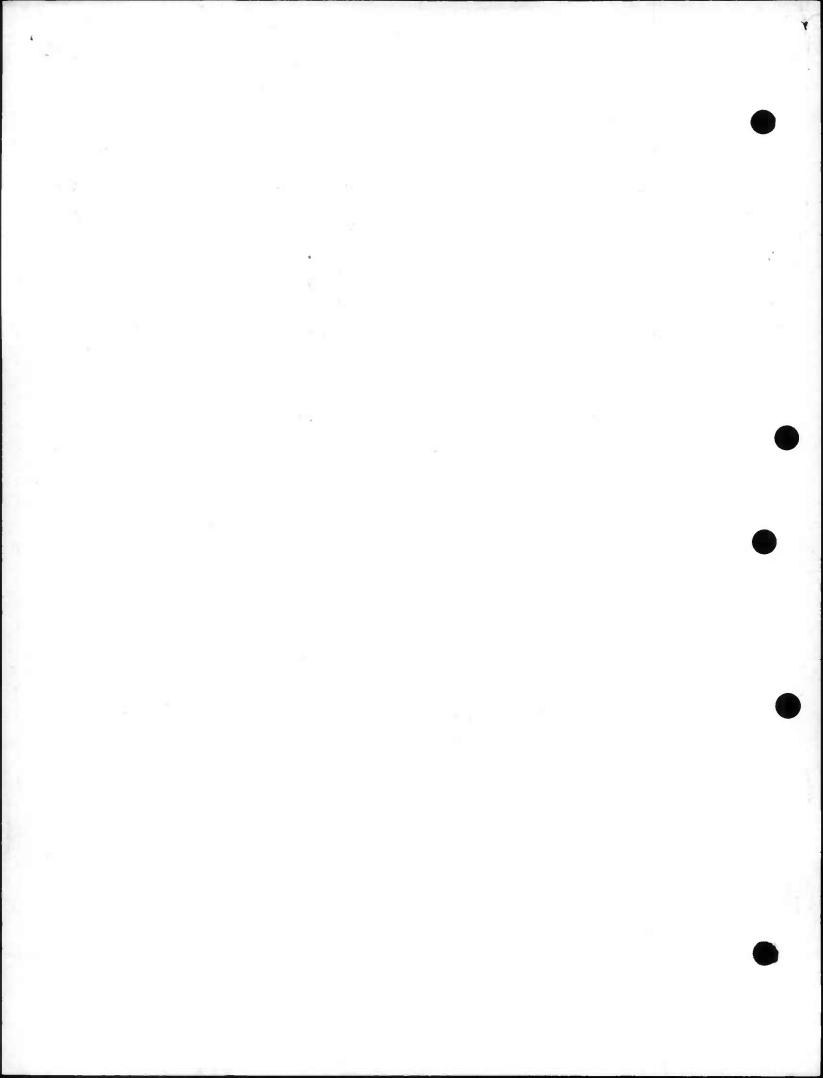
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94 28189

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH
0640 A M 2. DATE OF DEATH 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS Virginia 12 18 16 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RHUDALLS TOWN MIS BALDNORE 10d, INSIDE CITY 1X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 21215 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yee, specify Cuben, Maxicon, Puerto Ricen, atc.) 1 YES 2 NO Specify: Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Blanche Bagley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21215 4025 Lewiston Road Baltimore, Maryland 9/01/5/94 LOCATION - City or Town, State Cem. Blackstone, Ch. Blackstone, Va. 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd Chatman-Harris F/H Baltimore, Md21215 death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Allesi 1-2 mu 1519 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO ot resulting in the underlying cause given in Part I. COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 TH NO Kes acon nalo loru 26. PLACE OF DEATH (Check only on ing Home 5 - Residence 6 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Floute-Number, City or Town, State) death occurred at the time, data and place, end due to the cause(e) end menner as stated. investigation, in my opinion, death occured at the time, data end place, end due to the ceuse(s) end menner ee stated. 29c. LICENSE NUMBER DC/4300 Q RU



STATE REGISTRAR

CHERYL 4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

KIM

1 -

6. AGE (In vrs. last birthday)

GIBSON

MT.

RENEE

5. SEX

Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. 21215-0020 use as the for MARYLAND funeral director, page 5 should be detached BALTIMORE, ours after death. filled in by the figure, or removal. cremation. completely executed with bunial, and attending physician a ental Hygiene prior to 2 requires that the death certificate be 0 the atter Health and peen MP has be Dept, OR ATTENDING PHYSICIAN: The certificate h this co After death DIRECTOR: A HOSPITAL 뿚 2

2

tropo

MONTHS DAYS HOURS 1 M 2 X F 35 218-74-7267 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH PRINCE GEORGES HOSPITAL CENTER CHEVERLY DIRECTO RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE'S LANDOVER FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 111 JONOUIL AVENUE 20785 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Merried 2 Married If yea, specify Cuben, Mexican, Puerto Ric IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BΥ 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL YEARS WASTE WATER PLANT OPERATOR once. 17. FATHER'S NAME (First, Middle, Last) WILLIE JOHN GIBSON ĕ BE notitled 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELOISE GIBSON (MOTHER) 111 JONQUIL AVENUE, LANDOVER, MARYLAND pe 20a. METHOD OF DISPOSITION 1 Burlal 2 \square Cremetion 3 \square Removal from State METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must HARMONY MEMORIAL PARK 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME Wana TO medical 23. PART I. Entar the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cardiec or reapiratory arrest, ahock, or haart failura. List only one cause on each line. IMMEDIATE CAUSE (Finel the disease pr condition___ COCAINE INTOXICATION event. resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING other CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL any Shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 XYES 2 NO ☐ Inpetient 2X ER/Outpetient 3 ☐ DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Natural 5 Pending M FOUND: 9-20-94 :10 A 1 TES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide S ETED. 6 XX Could not be 28 4 Homicide FOUND: RESIDENCE tem COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated. TO THE FUNERAL D
be filed within 72 h
important: It it 2 X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER un 1100

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 20 SEPT. 1994 1:54 Α 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH MIN. NOV. 20, 1958 WASHINGTON, D.C 9c. COUNTY OF DEATH PRINCE GEORGES 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: BLACK 16b. KIND OF BUSINESS/INDUSTRY P.G. CTY. GOVT. 18. MOTHER'S NAME (First, Middle, Maiden Surname) ELOISE BOOKER 20785 20c. LOCATION — City or Town, State 9/23/94 LANDOVER, MARYLAND 7474 LANDOVER RD, LANDOVER, MARYLAND 20785 interval Between Oneat end Death 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED UNKNOWN 281. LOCATION (Street and Number or Rural Route Number of Town, State) 1111 JOHN DEAL AV CAPITOL HEIGHT 29d. DATE SIGNED (Month, Day, Year) SEPT.20,1994 O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

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TO THE AND THE OFFICIALS. The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - FOR STATE OF MARYLAND C	/ DEPAR	TMENT	OF H	EALTH DEAT	AND MI	ENTAL HYGIENI	E			
- 8	1. DECEDENT'S NAME (First, Middle, Last)					1	2. DATE OF OEATH		YEAR 3.	TIME OF DEATH	
	Joseph A. Geppi					6	peptember	24	1994	6:21 AM	
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		IF UNDER	1 YEAR DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign	
į.	212–16–5639 1 🔀 M 2 🗆 F 77	YRS.	01 0171	-			05–17–17			RYLAND	
Œ											
DIRECTOR	Union Memorial Hospital					Cit	У				
끮	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN O			T T T3			10	d. INSIDE CITY LIMITS?	
	MARYLAND BALTIMORE 10e. STREET AND NUMBER			-	ONSVI				YES 2 X NO		
FUNERAL	2210 PLEASANT DRIVE			101		1228		log. CITIZE	U.S.		
S	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2	RMED					ORIGIN? (Specify Yes Puarto Rican, etc.)	or No- 1	4. RACE —	American Indian, /hita, etc.	
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR OATES		- 1	YES	2 XNO	Specify:	r dento riceni, etc.;		Specify:	WHITE	
		ECEDENT'S					16b. KIND OF BUS	INESS/INOU		WILLE	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of vie. Do NOT us	vork done d e retired.)	during mos	st of working	9					
MPL	11	PI	UMBE	R			PLU	MBING	3		
8	17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Maiden	Surneme)			
BE	ANGELO GEPPI						LIBERTO				
2	19a. INFORMANT'S NAME (Type/Print) CECELIA GEPPI (WIFE)	2210 E	PLEAS	Street a	DRIV	E CAT	ite Number, City or Town	, State, Zip C	LAND	21228	
		AND DATE OF				27 (OATE 20c, LOC	CATION — CI			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	OHIVS	-			S OF FACIL		COTT	CITY	MARYLAND	
	· K. Cion Wash 1						ELL C WITZ			L HOMES MARYLAND	
	23. PART i. Enter the diaeases, or complications that caused the diaeases, or complications that cause on each lin	eath, Do n	ot enter	the mo	de of dyir	ng, such a	a cardiac or respin	etory arre	at,	Approximate	
ł	IMMEDIATE CAUSE (Final									interval Between Onaet and Death	
	disease or condition a. CHOLES out To (or as a const	TEROL EMBOLT					I due to:			5 days	
z	- Aortic	Sm)					230 Urs			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. HOYTIC HNEUNSM DUE TO (OR AS A CONSEQUENCE OF):									30413	
S	CAUSE. (Disease or injury that initiated events.) DUE TO (OR AS A CONSE	COLLENGE OF									
Ë	that initiated events resulting in death) LAST	OUENCE OF	·):								
CE	d										
ÄL	PART II. Other significant conditions contributing to death but not	A 1				. 1	PERFORI			RE AUTOPSY FINDINGS AILABLE PRIOR TO	
ă	Awk renal failure; Coronary	HIKRY	dise	25e	Нур	erkns	1 X YES 2	□ NO		MPLETION OF CAUSE DEATH?	
M	chronic liver failure	A = 1 1 1 1 1 1		171	/		_1'		1 (TYES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	CE OF OEAT			UNC	ERTAIN	<u> </u>		Ш.		
SICI	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatlant		OTHER	1:	5 Par	oldenos B (Other (Specify)				
žΪ	27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year)	26b. TIME	E OF	28c. INJU	JRY AT		6d. DESCRIBE HOW IN	JURY OCCU	REO		
BY	1 Natural 5 Pending 2 Accident Investigation	in.	M	1 _ Y		NO					
	3 Suicida 6 Could not be determined 28s. PLACE OF INJURY — At h building, atc. (Specify)	oma, tarm, s	treet, facto	ory, offica		21	81. LOCATION (Street as City or Town, State)	nd Number or	Rural Route	e Number,	
	29a. CERTIFIER		5 . 5 . 5					and the state of	_		
COMPLETED	(Check only one) Check only one) Construction (Check on									nd manner ae stated.	
- 11	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEI	NSE NUMBE	ER	29d. OATE S	SIGNED (Me	onth, Day, Year)	
O BE	Saula Bennett	M.D			AT20	4389	46A44	▶ 3e			
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITE PAULA BENNETT M.D.	M 27) (Type,	Print)	HEN			HO5PIT			7,117	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	· + p-0		,,,,,,		710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	SEP 2 6 1994 Janison Russ	4									

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MARY
BALTIMORE,
68760
BOX
P.0
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DIVISION OF VITAL RECORDS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CHILL	CALL	<u> </u>	DEA	H		REG. NO.			
	1. DECEDENT'S NAME (First, Matilda	Middle, Last)	ur	ESS						2. OATE	of DEATH DA	^Y 23 1	ď62	3. TIME OF DEATH 6:01 P
	4. SOCIAL SECURITY NUMBI	ED (5. SEX	8. AGE (In yrs. le	- s biobat- a I		4 1484.0	1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			
	214-03-24		1 - M 2 - F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	17/19	12	Country)	
	9e. FACILITY NAME (If not ins		9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT										
DIRECTOR	Franklin Square Hospital						Baltimore County Baltimore					ce		
입	10a. STATE	10b. COUNTY			10c, CITY	TTY, TOWN OR LOCATION 1944 INSIDE C						IOd. INSIDE CITY		
	MD		TI, TOWN ON LOCATION						LIMITS?					
FUNERAL	10e. STREET AND NUMBER	n 1					101	ZIP CODI		,				AT COUNTRY?
N.	6600 Ridge		2. WAS DECEDEN	T EVED IN HE A	OHEO	140			237				U.S.	
	1 Never Merried 2 1		FORCES? 1	YES 2	NO	- 0	If yes, sp	ecify Cube	n, Mexica	n, Puerto	l? (Specify Yee Ricen, etc.)	or No		- Americen Indien, White, etc.
ВУ	3 Widowed 4 Olvor	ced	17 TEG, GIVE V	WAT ON DATES			I [] TES	2 NO	эреску	y:			Specify	hite
COMPLETED		OENT'S EDUCAT highest grade co		/(ECEDENT'S Give kind of v	vork done i	CCUPATIO	ON st of workin	ng -	16b	KIND OF BUS	INESS/IND	USTRY	
P.E.	Elementary/Secondary (0- Unk.	12)	College (1-4 or 5 -	+)	e. Do NOT us		4				n 1			
OM	17. FATHER'S NAME (First, Mic	ddle, Last)	Unk.	I RE	estau	man	teu		IER'S NA		Food Middle, Maiden	Sumeme)		
BE C	James Brow	wn									dtke			
TO B	19e. INFORMANT'S NAME (7)							nd Number	or Rural F	Route Num	ber, City or Town			
-	Mary Elle		ıg			_	_		Rd		ampto:			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlor 4 Donetion 5 Other	3 🗌 Remove	al from State	cemetery, cr	emetory or of Lawn	her place)		ery		Q /	26 Ba	ATION — (
	21. SIGNATURE OF FUNERAL	SERVICE LICEN	ISEE //	7 /	1 0	22.	NAME AN	ID ADDRES	S OF FA	CILITY				110
	B. Dabrowski & Son Funeral Home 2818 E. Baltimore St. Baltimore, MD								MD 21224					
	23. PART I. Enter the dis	seases, or cor	mplications the	t ceused the d	eath. Do n	Dt enter	tha mo	de of dyi	ng, suci	h as cere	ilec or reapi	atDry em	est,	Approximata
	IMMEDIATE CAUSE (Fine	el												Intarval Between Onaet and Daath
- 1	disease or condition reaulting in death)	→ a.	Upper ga				olee	d						
_		_ 1		(OR AS A CONSE		,-								
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate Due to (or as a consequence of):													
CA	ceuse. Enter UNDERLYING CAUSE (Diseese or Injur	IG .	Gastrit:	is										
F	that initiated events reaulting in deeth) LAST		DUE TO Abdomina	(OR AS A CONSE			Sm							i l
CE				-						-				<u> </u>
¥										VERE AUTOPSY FINDINGS WAILABLE PRIOR TO				
EDICAL	Chronic Atr									-	t 🗌 YES 2	ON Z		OMPLETION OF CAUSE OF DEATH?
Σ					ATLL VE			1	EDTA II				1	☐ YES 2 ☐ NO
AN	DID TOBACCO US 25. WAS CASE REFERRED TO		BUIE IO CA		CE OF DEAT		_	UNC	EKIAIN	и Ц]				
PHYSICIAN:	EXAMINER?		IOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Nurs		• 5 🗆 Re	eldence	8 Othe	r (Specify)			
품	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIME	OF	28c. INJ				CRIBE HOW IN	JURY OCC	URED	
BY	1 X Natural 5 P	ending restigation				М	1 🗆 1	/ES 2 [NO					
		ould not be etermined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, term, s	treet, facto	ory, office			28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Roo	ite Number,
9	29e. CERTIFIER					-								
COMPLETED	(Check only		N: To the best of On the beele of e											and menner se stated.
	29b. SIGNATURE AND TITLE		,					29c. LICE						Aonth, Day, Year)
3 BE	michael	Ruffe	un					N/	A					
P Michael Philippin N/A 9-23-94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											1 .		•	
- 1		Dr. Michael Ruffinan 9000 Franklin Square Dr. Baltimore, Maryland 21237												
	Dr. Michael	Ruffin	an 9000	Frankl:	in Sq	uare	Dr.	Bal	timo	re,	Maryia	nd 21	1237	
		Ruffin	an 9000			uare	Dr.	Bal	timo	re,	Mary1a	nd 21	1237	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to find the form of the first page 1 specification or an internal filled for the fill
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	DWG									94	1 2	8193		
	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH AN DEATH		ENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY_	YEAR	3. TIME OF DEATH		
	PRESTON HAMMON								SEPT.	18	94	5:55P M		
ľ		S. SEX	() and the state of the state						7. DATE OF BIRTH (Month, Day, Year) Country) MD.					
	212-00-3037	14 M 2 F J J YRS.							6-7-55			" MD.		
~	9e. FACILITY NAME (If not institution, give street			9b. CITY	, TOWN O	R LOCATION	OF DEAT	ПН	9c. CO	UNTY OF D	EATN			
0	SINAI HOSPITAL		BP	LTI	MORE	CI	TY							
DIRECTOR	100. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY		
E	MD. B	ALTIMO	RE		BA	LTIN	MORE				- 1	LIMITS?		
A	10e. STREET AND NUMBER					101.	ZIP CODE			10g. Cl	TIZEN OF W	/HAT COUNTRY?		
FUNERAL	504 QUEENSGAT	E ROAD					212	29		1	U.S	. A .		
S		2. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT OF N	ISPANIC	ORIGIN? (Specify Y	e or No-	14. RACE	- American Indian.		
ВУ Р	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	☐ YES 2 🔀 N MR OR DATES	Ю		t yes, spe	2-1 NO S	lexicen, i Specify:	Puerto Rican, atc.)		Specia	fy:		
												BLACK		
E	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Gr	CEDENT'S ve kind of Do NOT u	Work done	CCUPATIO during mos	N st of working		16b. KIND OF BI	JSINESS/IN	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5 +) SEI		MPL	OVEI)		CA	חשמם	י דאו	STALLER		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		DEI	J. 1.	7111 111	71 151		'S NAME	(First, Middle, Maide		r Tiv	SIALLEK		
	PRESTON P. PAT	TERSON					CHA			MMON	ND			
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street e	nd Number or F	Rural Rou	ite Number, City or To	wn. State. Z				
유	KAREN HAMMOND										. ,	0. 21702		
	208 METHOD OF DISPOSITION	Van Halles	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na					- City or To			
	1 N Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	FAIR	VIEW	ther place!	M.	9.	-23	-94 FR	EDEF	RICK	MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(SEE			22. C	NAME AN	D ADDRESS C	OF FACIL	TNC FIIN	EDAT	ном	VE.		
	1 mund	Koll	1mg		10	OC V	vĔŚT``	ĂĽĽ	SAINTS	ST.	FRI	ME EDERICK, MD		
	23. PART f. Enter the dispases, or cor	np ications tha	caused the dea	ath. Do i	not enter	the mod	de of dying,	such a	as cardiac or res	iratory a	/US- rreat,	Approximate		
	shock, or heldet failure. Lis	at ônly one cau	se on each line.									Interval Between Onset and Death		
		Blue	+ For	. 0	Tim	12.11	95 0	P	Hoad					
	resulting in death) / a	DUE TO	OR AS A CONSEC	UENCE O	F):	VII.	<u> </u>		() = 1-00					
Z	Sequentially list conditions. b.											1		
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):									
2	CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC											
Ē	that initiated events resulting in death) LAST	DOE 10	OH AS A CONSEC	DENCE O	rj:							i 1		
8	d													
	PART II. Other significant conditions	contributing to	death but not re	esulting	In the un	derlying	cause give	n In Pa		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL									_ 1 PYES			COMPLETION DF CAUSE DF DEATH?		
ME									_			1 STES 2 NO		
ä	DID TOBACCO USE CONTRIL	BUTE TO CA					UNCER	TAIN						
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHER									
ΙΧSΙ	XIX YES 2 NO 1	Xinpstient 2	ER/Outpatient 3		4 🗆 Nun	ing Home			Other (Specify)					
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF (Month, Da	ay, Year)		URY	26c. INJU WOI	RK?		ed. DESCRIBE HOW subject	beat				
B	2 Accident Investigation		FINJURY — At hor	94			ES 2 NO	\rightarrow						
	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)			ory, ornee			61. LOCATION (Street City or Town, Stete 3404 DU	end Numbe	Ave			
	29a. CERTIFIER	a Weller		ome			_			130	(t.mo	re, MD		
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER:													
		the bests Of 8)		estigatio	ni, m my o	pirnon, de				_				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- 4	1/1/	4.		- [29c. LICENSE					(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED ALIS	CAULI VITEN	e m	Onind)			****			SEPT	. 19/94		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Item # 9b Film # G 715 09-26-94 N.A. Per Funeral Home N. A. A. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 Virginia C. Harris 09 20 5:10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 164-05-0332 07730718 1 🗌 M 2 🗶 F 76 Pennsylvania Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) Zip - 21229 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Our House /400 Old Orchard Road DIRECTOR Baltimore ----Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Randallstown 1 YES 2 X NO use as the burial-transit permit. ERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 8900 Flagstone Circle 21133 USA FUN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whits, stc. 1 Never Merried 2 Merried
3 Wildowed 4 Divorced 1 yes, specify Cubs Cubsn, Msxicsn, Puerto Rican, etc.) Specify: White ВY 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) (Give kind of work done life. Do NOT use retired.) ᆸ College (1-4 or 5 +) funeral director, page 5 should be detached for Elamentary/Secondary (0-12) COMPL Hearing Examiner Social Security Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Harry Hunter Crock Ħ Virginia A. Wescoat notified t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Scott B. Harris 5660 Braxfield Rd. Arbutus, MD 21227 be 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Metro Crematory, Inc. 09/21 Baltimore, MD 4 Donstlon 5 Other (Specify) medical examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. Dawn McDonald 299 Frederick Rd. Baltimore, filled in by the MD 23. PART I. Enter the diseasea, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arreat, **Approximata** shock, or hasrt failure. List only one cause on each line. Intarval Between ŏ IMMEDIATE CAUSE (Final Onset and Death metactatic breast the cremation, disease or condition___ - commons completely resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed prior to burial, CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 - YES 2 NO DE DEATH? 1 YES 2 NO After this certificate has been death with the State Dept. or marked, or Item 23 sh DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA Rasidence 8 - Other (Specify) 4 Nursing Home 5, 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Month, Day, 1 Natural 2 Accident 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v ВY Investigation 28s. PLACE OF INJURY — At home, fsrm, street, fsctory, offics building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 |s 4 Homicide determined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2 COMPLET 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To this best of my knowledgs, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. nation and/or investigation, in my opinion, death occured at the time, data and piace, and dua to the cause(s) and manner as stated. 296. SIGNATURE MO TITLE OF CERTIFU 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 7873 ▶ 09/21/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Marshall Levine, M.D. 4000 Old Court Rd. Suite 306 Baltimore MD 21208 31. DATE FILED (Month, Day, Year) Lasi Deudear Reda

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			1120.0110.01						OAIL	. 01	ULA			REG. NO.			
)	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	DEATH		YEAR 3.	. TIME OF DEATH
	- 1		SOCR	ATES	J.		K	ENDR	OG.	M.D	,	l,				YEAR	0 0F 7 M
			4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In			IF UNDER		IF UNDER		Sept.		1994	e DIDTUDI	9 • 25 A M
-4		,			1 XM 2 F			YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	Day, Year)	_	Country)	ACE (State or Poreign
ē		ı į	217-40-5819			6	8	THS.					July	26, 1	926		Greece
3 should			9a. FACILITY NAME (If not ins	titution, give st	reet and number)				9b. CITY,	TOWN C	R LOCATI	ION OF DEA	ATH		9c. COUN	TY OF DEAT	гн
m		۳ I	1204 Riderva	ale Rd					r	ro w	con				Do.	1 4-4	
1, 2,		DIRECTOR	RESIDENCE OF DEC							LO W	SUII		_		Ba_	ltimo	re
ses		ŭ	10a. STATE	10b. COUNTY	,			10c. CIT	Y, TOWN O	R LOCAT	ION					10	Dd. INSIDE CITY
Z.		<u> </u>	1/4	D = 1													LIMITS?
Ĕ		- 8	Md	Ral	timore	_				Cows	On ZIP COD						
t pe		≨ ∥								101	. ZIP COD	E			10g. CITI	ZEN OF WHA	AT COUNTRY?
in. ansi		9 II	1204 Riderva	ale Rd	•						2120	4				U.S.A	Α.
D20 physician. burial-transit permit. Pages 1,		FUNERAL	11. MARITAL STATUS			S DECEDENT EVER IN U.S. ARMED 13. WAS				NAS DEC	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes				or No-	14. RACE -	American Indian,
6 a			IF YES CIVE WAR OR DATES									Specify:	Vhita, atc.				
21215-0020 of or attending physic for use as the burial		⋒	3 Wildowed 4 Divor	ced								.,,,				opoury.	White
ttend e as			15. DECE	DENT'S EDUC	CATION		16a. DEC	EDENT'S	USUAL OC	CUPATIO	ON .		16b, K	IND OF BUS	INESS/IND	USTRY	***************************************
or atte		E 1		highest grade			(Giv	re kind of v Do NOT us	vork done d le retired.)	luring mo	st of working	ng		00 10/20			
or de fo		<u>ا</u> ا	Elementary/Secondary (0-	12)	College (1-4 or 5	1							1				
ND 21215-0020 hospital or attending physician. ached for use as the burial-tran	ai	ž I			5+		Phy:	scia	n					dical			
YLAND 2. by the hospital o	опсе.	COMPLETED	17. FATHER'S NAME (First, Mic	ddle, Last)							18. MOT	HER'S NAM	NE (First, Mid	dle, Maiden	Surname)		
Z A	6		Thomas Kendr	os							Aph	rodit	t.i.	Ha	adzip	etrou	
MARYLAND retained by the hospits 5 should be detached	Tec.		19a. INFORMANT'S NAME (Ty	pe/Print)			19b	MAILING	ADDRESS	(Street a			oute Number,				
N reta	notified	일	Mrs. Paula K	ondro.	~												
ORE, R	9		20a, METHOD OF DISPOSITION		5							. Tov	wson.				
ALTIMORE, death. Page 6 may b funeral director, page	must		1 2 Burial 2 Cremation	3 Ramo	oval from State	20b. F	ary, cren	no DATE (her place	TION /Na	me of		OATE			City or Town,	
BALTIMOR s after death. Page 6 m. by the funeral director,			4 Donation 5 Other (St	t. D	emet	her place) ri os	Cen	neter	сŅ	9-23	Cuk	Hil	l, Md	•
ALTIM death. Page funeral direc	ехатіпег		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				22.1	NAME AN	D ADDRE	SS OF FAC	ILITY				_
L eath	E		> //	/					Ru	ick '	Tows	on Fu	ineral	L Home	e Inc		
B/ after d	- E		PC	-64	11		5		10	50	York	Rd.	Tows	on. Mo	1. 21	204	
B, Irs after n by the	medical	- 11	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
- P - P	Ē	1	IMMEDIATE CAUSE (Finsi											Onset and Death			
ig ig	를 라																
with:	event, the	ł	disease or condition resulting in death) s. M 10 ca 1 in la - c t ca Due to (or as a consequence or):														
	6	İ			DOE 10	(OH AS A C	ONSEO	UENCE OF	-}:								
C 68760 executed with and complete	or other traumatic	z I	Sequentisily list condition	NO. 1	o												
OS, P.O. BOX 6E the death certificate be executive attending physician and Mental Hydrene prior to bur	E	HILFICATION	if any, lesding to immed		DUE TO	(OR AS A C	ONSEO	UENCE OF	ን:								
BOX cate be en	E	5 II	cause, Enter UNDERLYIN CAUSE (Disesse or Injur														
certificate I	i i	⊑ H	that initiated svents	y	DUE TO	(OR AS A C	ONSEO	UENCE OF	7:								
P.O th cert ending	-	Ŧ	resulting in desth) LAST														
S, P death s atten		<u>.</u>			1												-
ORDS, that the de ted by the al	any injury,		PART II. Other significan	nt conditions	s contributing to	desth but	t not re	sulting i	n ths un	derlying	csuse g	given in P	Part i. 24	la. WAS AN		24b. WI	ERE AUTOPSY FINDINGS
ORC that the	E 6	EDICAL	Congest	(re)	trust	Forle	14							PERFOR	^		MAILABLE PRIOR TO
LICOF uires that signed Health a	e sw	ā ∥	E				_						- 1	YES 2	S HO	OF	F OEATH?
equir	[]	Σ	Emplyso.	20						_				/		1	□ YES 2 NO
L RECC law requires ts been sign to thealf	8	ž I	DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF	DEAT	H YE	1 🗆 S	10 🗆	UNC	ERTAIN					
	item 23	₹	25. WAS CASE REFERRED TO	MEDICAL		21	B. PLACE	OF OEAT	H (Check o	nly one)							
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State I	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one)									044 **	lanaihi)						
Sicial Certification	- i	H H	27. MANNER OF DEATH		28a. DATE OF		1	28b. TIM	-	28c, INJI		_	28d. OESCR		IIIDY 000	1050	
OF PHYSIC this cer			1 Netural 5 P	endina	(Month, D			INJ	URY	WO	RK?	-	280. DESCH	INDE HOW IN	JUNY DCC	UHEU	
ONING F	E			rvestigation							ES 2	NO					
DIVISION OR ATTENDING I DIRECTOR: After											or Rural Rout	e Number,					
DIVISION OR ATTENIONS after hours after	29a. CERTIFIER Description Buyer(IM) Table									orri, oraio,	в)						
OR OR																	
TAL (
HOSPITAL FUNERAL within 72	国	₹ 	2 MEOIC	AL EXAMINER	f: On the basis of a	camination a	and/or in	rvestigatio	n, in my o	olnion, de	eath occur	red at the ti	lme, data an	d placa, and	due to the	ı cause(s) an	id manner as stated.
五五五	E		29b. SIGNATURE AND TITLE	OF CERTIFIER	-						29c. LICE	ENSE NUME	BER		29d. DATE	SIGNED (M	onth, Day, Year)
TO THE HOSPITAL TO THE FUNERAL 10 be filed within 72 h	8	m Phy D D TYD										7/10	Culy				
_ F F 3	= 5	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEAT	H (ITEM	27) /Time	Print)				(11/	
/	1					- OF DEAL	(544	arj (1900,	rinaj								
4			Mark Strombe														
			31. DATS EP 276 19	94	32. REGISTRA		URE										
			OL. 2010	6	/	/-											

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. DIVISION OF VITAL RECORDS, P.O. BOX 68760

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 once. F notified 9 must the funeral director, examiner medicai n and completely filled in by to burial, cremation, or remo the event. the death certificate be executed within traumatic attending physician prior other 9 the atter injury. by th any signed t Shows t, of h has be DR ATTENDING PHYSICIAN; The law 23 certificate h 0 marked. this (After t .8 DIRECTOR: / 28

HOSPITAL FUNERAL (within 72 h =

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Howard 910 KUHN. Α. Sr 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH March 25, 1940 DAYS 1 M 2 F 53 Maryland 218-36-9402 VPC 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Randelstown Randallstown MD Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3506 Courteigh Drive 21244 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 XX Merried В Specify: 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Carpet Layer Floor Covering 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard N. Kuhn Margaret DiDomenico BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael A. Kuhn 5635 Oakland Rd., Baltimore, MD 21227 20e. METHOD OF DISPOSITION
1 M Buriel 2 Cremetion 3 Removal trom State
4 Donetion 5 Other/(Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Crest Lawn Memorial Gardens 9/26 Marriotsville, MD 21. SIGNATURE OF PUNETAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, MD 21227 23. PART is Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory erreat, shock, or heart fatigure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset end Death diseese or condition Intracerebral hemorrhage
DUE TO (OR AS A CONSEQUENCE OF): hours reculting in death) CERTIFICATION Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) S Could not be determined 281. LOCATION (Street and Number or Rural Route Number, COMPLETED 4 Homlelde 29a CERTIFIER 1 🗷 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Singl Hospital of Baltimore

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Intercerebial henorehage Hypertension Renal Failure Lieber Mellitus

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF DEATH		REG. NO.							
1. DECEDENT'S NAME (First, M	-			2. DATE	OF OEATH	3. TIME OF DEATH						
JAMES	Alexande	er LEW	18 , Jr.		Sep 24	10:05 pm w						
4. SOCIAL SECURITY NUMBER 214-70-9960	5. SEX 1 XM 2 F	AGE (In yrs. lest birthday) _ 36 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	s. 7. DATE 1. 12-3	OF BIRTH	8. BI	RTHPLACE (State or Foreign buntry) aryland					
9a. FACILITY NAME (If not instit	ution, give street and number)		9b. CITY, TOWN OR LOCATION OF	DEATH		9c. COUNTY OF DEATH						
Saint Joseph	Saint Joseph Hospital Towson, Maryland Baltimore											
Maryland	Baltimore		therville			10d. INSIDE CITY LIMITS? 1 TYES 2 1 NO						
10e. STREET AND NUMBER 2 Wendslow P 11. Marital Status 1 Never Married 2 Medical P	lace		*	CITIZEN OF WHAT COUNTRY?								
11. MARITAL STATUS 1 XNever Married 2 Me 3 Wildowed 4 Divorce	12. WAS DECEDENT E FORCES? 1	YES 2 NO	21093 13. WAS DECENDENT OF HIS If yes, specify Cuban, Mai 1 YES 2 NO Sp	Y? (Specify Yea Ricen, etc.)	or No- 14. R	ACE — American Indian, llack, White, etc. pecify:						
	ENT'S EDUCATION	16. DECEDENT'S	JSUAL OCCUPATION	1 400	VIND OF BUI	Wh:	ite					
15. DECED (Specify only his Elementary/Secondary (0-12 11 y. 17. FATHER'S NAME (First, Midd	ghest grade completed)) College (1-4 or 5 +)	(Give kind of we life. Do NOT use Clerk	ork done during most of working retired.)				Y					
17. FATHER'S NAME (First, Midd		Clerk	40 MOTHERIC		Middle, Maiden	leaner						
			Bett		LeGoui	_						
James A. 19a. INFORMANT'S NAME (Type	/Print)	19b. MAILING	ADDRESS (Street and Number or Ru	4)					
Betty Lewis			dslow Place Lu									
20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☒ Cremation 4 □ Donation 5 □ Other (Sp	3 Removal from State	oval from State 20b. PLACE AND DATE of DISPOSITION (Name of competery, cramptory or other place). HILL top Service Corp. 9-26 Towson										
21. SIGNATURE OF FUNERAL S	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
1	Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204											
reaulting in death) Sequentially list condition if any, leading to immedia	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): b. BILATERAL PNUEMONIA DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant	conditiona contributing to de-	ath but not reaulting in	the underlying cause given	in Part i.	t i. 24a. WAS AN AUTOPSY PERFORMEO?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?					
DID TOBACCO USE	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
25. WAS CASE REFERRED TO N	IEDICAL	28. PLACE OF DEATH		3114 🗀]								
EXAMINER?	HOSPITAL:		OTHER: 4 Nursing Home 5 Residen	ce 6 🗆 Othe	r (Specify)							
DID TOBACCO USE 25. WAS CASE REFERRED TO MEXAMINER? 1			OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED								
2 Sudalda -	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, atreet, factory, office 28i. LOCATION (Street and Number or Rural is building atc. (Specific)											
	ING PHYSICIAN: To the best of my											
	EXAMINER: On the besia of exami	A and/or investigation			and place, en							
ab	D25888 > 9 : 20											
LILIA CEBALL	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LILIA CEBALLOS M.D., 7520 YORK ROAD TOWSON, MARYLAND 21204											
31. DATE FILED (Month, Day, Yea	32. REGISTRAR'S											

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Last) JOHN E. LLUF				2. DATE OF DEATH	25 194	SEAR 5 20 A M					
DIRECTOR	4. SOCIAL SECURITY NUMBER 216-01-1231 9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	1 X M 2 F 81 YRS. MONTHS DAYS HOURS				1913	8. BIRTHPLACE (State or Foreign Country) BALTIMORE				
	1617 SEXTON STREET BALTIMORE											
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCAT	ION	9		10d. INSIDE CITY				
	MARYLAND 10a. STREET AND NUMBER		В	ALTIMOR			1 YES 2 NO					
ERAI	1617 SEXTON STREE	ЕТ		101		10g. CITIZE	U.S.A.					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	II yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: WHITE				
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 4TH GRADE	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use DRIVER	SUAL OCCUPATION of done during more retired.)	ON st of working		BUSINESS/INDUS	TRY				
OM	17. FATHER'S NAME (First, Middle, Last)		DICTATIO		18. MOTHER'S NA	ME (First, Middle, Mai		KESS				
BE	WILLIAM LLUFRIO LENA (UNKNOWN)											
2	199. INFORMANT'S NAME (Type/Print) MS. PAULINE MARTIN 199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 3773 PLUM SPRING LANE - ELLICOTT CITY, MD. 210											
	30a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, State											
	A Burlai 2 Cremation 3 Removal from State Completely, crematory or other place Comple											
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229											
ATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a											
CERTIFICATION	CAUSE. Chiesese or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)						
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outs 28e. DATE OF INJURY		☐ Nursing Hom		6 Other (Specify)	W INJURY OCCUP	NED				
ВУ Р												
	2 Accident 3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 26b. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED 9 -											
-	JOSEPH JA 31. DATE PRIED (Month). Day. Year)	MISSER MA	900	CAT.	on Av	E B.	Aun'm	e e md 2124				
	SEP 2 6 1994	Jai Sinien R		*-				DHMH-16 Rev 1/8				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, if removal. wirs after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the imedical examinar must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

UMMS

SEP 2 6 1994

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	FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH AND I	MENTA	L HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)							2 DAT				2 TIME	OF DEATH		
	110000					2. DATE OF DEATH MONTH DAY YEAR									
- 1	Mattie T.					9	22	9							
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. la:	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATI	th, Day, Year)		8. BIRTHPLACE (State or Foreign				
- 1	101-18-0260	1 🗆 M 2 🔀 \digamma	79	YRS.	MONTHS	DAYS	HOURS MIN.	37	27/19	15	SCUTTY CO				
	9e. FACILITY NAME (If not institution, give s.		9h CITY	TOWN O	R LOCATION OF DE		21/13		SCUTTY CO., V						
œ						EAIN		90. 000	MIT OF L	EAIN					
2	University Ho			Ba	alt	imore									
DIRECTOR	10e. STATE 10b. COUNTY			1											
2	-3110			10c. CIT	Y, TOWN OF							10d. INSI LIMI	DE CITY TS?		
<u> </u>	Maryland Balt	imore			Cato	ons	ville						2 X NO		
ا لا	10e. STREET AND NUMBER	-				101.	ZIP CODE			10a. CI	IZEN OF V	WHAT COU	NTRY?		
FUNERAL	408 Commonweal	th Avenue	0				21228				US	- A			
Z	11. MARITAL STATUS														
윤 [1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. AF YES 2 32	RMED NO			ENDENT OF HISPAN			or No-	14. RACI	E — Americ	en Indien,		
B	3X Widowed 4 Divorced	IF YES, GIVE WAR					2 NO Specify		ricari, etc.)		Spec				
	3.25. Widowed 4 Divorced						11					" B1a	ack		
COMPLETED	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N	16	b. KIND OF BUS	INESS/IN	DUSTRY				
5	(Specify only highest grade Elementary/Secondary (0-12)		(G	iive kind of v Do NOT us	work done du se retired.)	uring mos	st of working								
<u>ا</u> ج		College (1-4 or 5 +)		Hou	isewi	ife				N/	/ A				
žΙ	12th	4 +													
있	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)							
	William Phil				Hatti	ie 1	aylor								
8	19e. INFORMANT'S NAME (Type/Print)	ADDRESS	(Charact or	nd Number or Rural I			0								
ᄋᆘ												211	220		
	Linda Jackson 409 Gaither Avenue Baltimore, MD 21228														
ı	20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State														
- 4	1 Burlel 2 Cremetton 3 Removal from State Cemetery, cremetery, cremetery or other place Arbutus Memorial Park 9/26 Arbutus, Maryla											rland			
ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
- 1	LEROY O. DYETT & SON FUNERAL HOME														
_ 1	4600 LIBERTY HEIGHTS AVENUE 21207														
\neg	27 0407	- 1	~		40		TITDEKI	LIF	EIGHT	S A	VENU	E Z	1207		
- 1	21. PART - Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, lock, or heart feature. List only one cause on each line. Approximate interval Between														
- 13	IMMEDIATE CAUSE (Final										set and Death				
Ш	disease or condition	7	1	0.00	1 /					1 /	F /				
- 1	resulting in death) By ture of Intracere bral Anemrysm DOE TO (OR AS A CONSEQUENCE OF):										-	5 days.			
	DUE TO (OR AS A CONSEQUENCE OF):												/		
⋛║	Conventially list anadiabase b.														
≓∥	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSE	DUENCE OF	F):							_			
≣ II	reaulting in death) LAST											İ			
<u> </u>		d													
- II	PART II. Other algolificant condition	a contributing to dee	th hut not a	equiting i	le the und	la efectada a	anuna aluan In	Don't			T	1			
₹	- I - I - I - I - I - I - I - I - I - I	a contributing to dea	til but libt i	eauting i	in the und	eriying	cause given in	Part I.	24a. WAS AN A PERFOR		24b		OPSY FINDINGS PRIOR TO		
≓ II									1 TYES 2	O/No			ON OF CAUSE		
<u> </u>												OF DEATH	0		
≥	DID TORACCO LICE CONTE	NOUTE TO CALLO						_				1 YES	2 NO		
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI	KIBUTE TO CAUSI	OF DEA	TH YE	SUN	0 🗆	UNCERTAIN	4 L							
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCEPTABLE 28. PLACE OF DEATH (Check only one)														
ž	1 TYES 2 NO	I DUSPITAL: OTHER													
⋛∦	27. MANNER OF DEATH		28b. TIM		8c. INJL			SCRIBE HOW IN	IIImy oo	CUBED					
Z	1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		INJ	URY	WOR	RK?	200. DE	SCHIBE NOW IN	JOH! OC	CORED				
à	2 Accident Investigation				M		ES 2 NO								
	3 Suicide 6 Could not be	28e. PLACE OF INJ	8e. PLACE OF INJURY — At home, farm, atreet, fectory, offica building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number,				er,			
	4 Homicide determined	building, etc. (opeuty)						or Town, State)	vn, State)					
COMPLET	29º CERTIFIER														
<u> </u>	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.														
<u>}</u>	one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and mennar ee stated.														
5															
u II	AND STORATORE AND THE OF CERTIFIER	SIGNATURE AND TITLE OF CERTIFIER 29c. LICEN								NSE NUMBER 29d. DATE SIGNED (Month, Day, Year)					

5509

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Neurosungery

29d. DATE SIGNED (Month, Day, Year) 22 9

9 n Anoe 'n n

BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	more page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
MARYLAND	etained by the hosp	should be detached
IMORE	Раде 6 тау be	al director, page 6
BALT	rs after death. P	by the tuner

DIVISION OF VITAL RECORDS P.O. BOX 68760

L	TO BE COMBLETED BY BUYCLOIAN. MEDICAL OFFICIAL
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
e tuneral director, page 5 should be detached	TO THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turneral director, page 5 should be detached
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within performs after death. Plage 6 may be retained by the hosp
BALLIMORE, MARTLANC	Civilian of VII At he Conds, r.O. Box 661 60.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL	HYGIEN REG. NO.	E				
	1, DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3	. TIME OF DEATH		
	Sarah K. Lombardo					September 22, 1994						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 24 HRS.	URE 7 DATE OF BIRTH				ACE (State or Foreign				
	270 20 2007	3-10-100/ 1 M 2 XIF /3 YRS.							Month, Dey, Wear) July 19, 1919 Mary 1a			
~	9e. FACILITY NAME (If not institution, give stre	R LOCATION OF DE	EATH		9c. COUNT							
DIRECTOR	1540 Forest Park Avenue Baltimore							Ba1	timo	re		
EC.	10e. STATE 10b. COUNTY	ION				1	Od. INSIDE CITY					
		imore	Baltimor	ce				1	LIMITS?			
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?		
Ä	1540 Forest Park				21207				.A.			
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 🔼 NO .	If yes, spe	ENDENT OF HISPAN Icity Cuben, Mexico	n, Puerto Ric	(Specify Yee can, atc.)	or No- 14		- Americen Indian, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify	y:			Specify:	White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION ompleted)	18e. DECEDENT'S US	SUAL OCCUPATIO	N et of working	16b. F	(IND OF BUS	INESS/INDUS	STRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of won life. Do NOT use n		it or working							
MP	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Housewif	е								
					18. MOTHER'S NA							
BE	Frank Lindsay Wil:	son	19b. MAILING AL	DDRESS (Street as	Mary A				orfe)			
2	Mr. Vincent J. Lo	mbardo			Park Ave					21207		
ĺ	20a, METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremetlon 3 ☐ Remov	20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE		CATION — CIT		, State		
- 1	4 Donation 5 Other (Specify)	Ne	etery, crematory or other w Cathedr			1 .		timore				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NGEE		Loring	Byers	cury Funer	al Di	rector	s.]	Inc.		
					Liberty					Annual Control		
	23. PART I Enter the diseases, Dr co shock, or heart feilure. Li	mplications that caused	the death. Do not	enter the mod	de of dying, such	h aa cardia	ac or respli	ratory arrea	ıt,	Approximate		
	IMMEDIATE CAUSE (Finei	A								interval Between Onset and Death		
	disease or condition reaulting in deeth) a.	ACUTE /	MYEZO,0	CEL	CEMI!	7	_					
		DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	Sequentleily list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):									
SAT	if any, leading to immediate cause. Enter UNDERLYING		,									
Ē	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):									
E	resulting in deeth) LAST d.											
AL C	PART II. Other aignificent conditions	contributing to deeth be	ut not reculting in	the underlying	ceuse given in	Part i. 2	4a. WAS AN		24b. W	ERE AUTOPSY FINDINGS		
SC							PERFOR	1	0	AILABLE PRIDR TO OMPLETION DF CAUSE		
PHYSICIAN: MEDIC								2		F DEATH?		
z	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YES	□ ио ѝ	UNCERTAIN	V 🗆						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)					_			
YSI	1 YES 2 NO	1 - Inpatient 2 - ER/Outpu	atlant 3 DOA 4	☐ Nursing Home	5 Residence	6 🗆 Other (Specify)					
	27, MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. DESC	RIBE HOW IN	JURY OCCUI	RED			
B	2 Accident Investigation 3 Suicide Provident has	28e. PLACE OF INJURY	— At home ferm, etre		ES 2 NO	284 LOCAT	ION (Steel o	nd Number or	Dunal Day			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Speci	ffy)	ot, rectory, office			Town, State)	na Number or	nurai nou	te Number,		
91	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	adaa daath coursed i	et étas eleman alada			3	S. 1				
M M		On the basis of examination								nd manner ee stated.		
	296. SIGNATURE AND TITLE BY CERTIFIER	1			29c. LICENSE NUN					lonth, Day, Yeer)		
BE	X Quelo X	me de	Λ		N 357	131		D 9	~ >	3 - 9 (
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			1				-	- / 7		
	SAVEND GO	REND 1	500 N.	Noch	S	BAR	DMO	W N	10	21208		
	31. DATE FILED (Month) Day, Year)	32. REGISTRAR'S SIGNA	ATURE					1				
- 10	SPYZ B 1444 XWA	- WHURLON MANOR	U.									



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eath cer	attendin	Ital Hyg	V. Or 0
VG PHYSICIAN: The law requires that the death certificate be executed within z ⁴ hours after death. Page 6 may be retained by the hospital or attending physician.	DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
rires tha	signed	Health a	WE am
law req	as been	lept. of	23 sho
N: The	ficate his	State D	. item
HYSICIA	his certi	with the	ked, or
DING P	After t	death \	is mar
R ATTEN	RECTOR	irs after	
TAL OF	RAL DIF	be filed within 72 hours after	ORTANT: If item 28
E HOSP	E FUNE	d within	RTANT
1H 01	THE	be file	IMPO

94 28201 Item # 17 Film # G 715 09-26-94 N.A. Per Funeral STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 4 AR 20 Jannie Bel1 9 Liles 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign fonth, Day, Yes 1 M 2 T 74 DAYS HOURS . Carolina 220-14-6504 YRS. N. 20 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2808 Presbury Street Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2808 Presbury Street 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE -- American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married 1 TES 2 NO Specify: BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Grodfrey Maynor Goffrey Maynor Queenie B. Jenkins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21215 3407 Glen Avenue Apt. A Juanita Bridges BaltimoRe, Marvland 20a. METHOD OF DISPOSITION
1 Ø Burlat 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of | dog Location - City or Town, State
| Baltimore, Maryland ery, cremetory or other place)
Zion Cemetery 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LIGHNSEE 22. NAME AND ADDRESS OF FACILITY 5240 Reisterstown Rd Au Chatman-Harris F/H Baltimore, Md21215 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart feilure. List only one cause on each line. interval Batween Onset and Paath **IMMEDIATE CAUSE (Final** disease or condition 1- SMUS Cell PLANELY of Ling
DUE TO (OR AS A CONSCOUENCE OF): wonth's resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART Ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 10 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only HOSPITAL

EXAMINER? Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 sidence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 2 5 Pending M 1 YES 2 NO Accident Investigation 3 Sulcide 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicida 29a. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated THE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Am Hour)

my 185

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

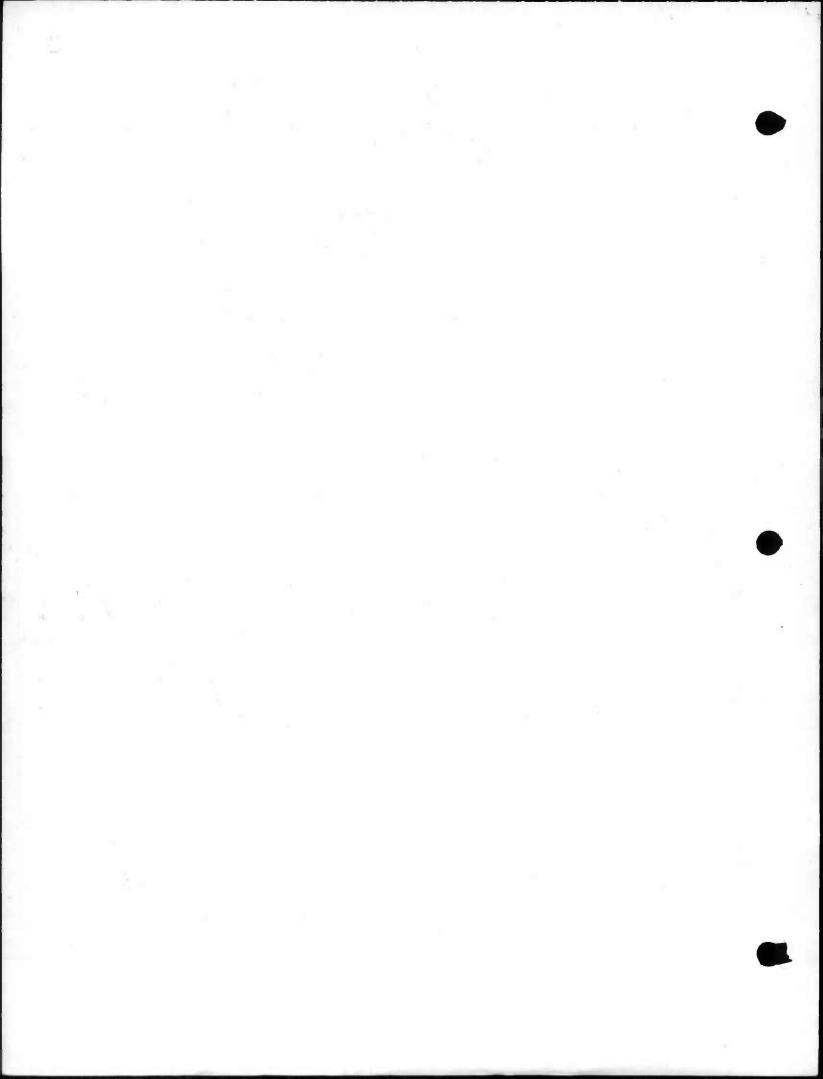
GARMUS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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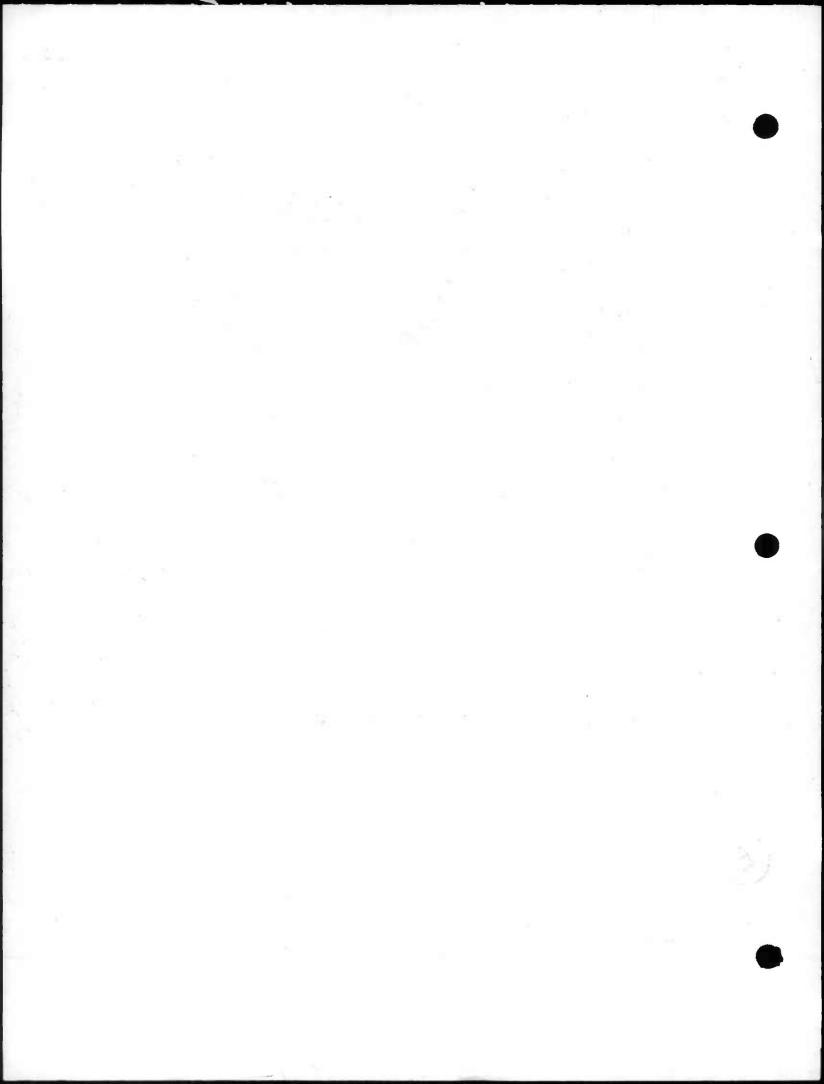
	1. DECEDENT'S NAME (First, Middle, Las	0	-1 1	01				2. DATE OF MONTH	DEATH		YEAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ast birthday)	IF UNDER 1 YEA	9 IF UNDER	24 HRS	7. DATE OF	BIRTH /	7 4	S RIBTHDI ACI	(State or Foreign
	216-16-7135	1-☑ M 2 ☐ F	68	YRS.	MONTHS DAY	1	MIN.	(Month, L		1	Country)	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATIO	ON OF DE		2)-2		GEOR TY OF OEATH	GIA
CTOR	VA MEDICAL CE	NTER			BALT	0. C	ITY					
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	ITY	10c. CITY	, TOWN OR LO	CATION					10d.	INSIDE CITY	
DIRE	MD.			BAI	TIMOR	E CTI	ГΥ				1	IMITS?
	10e. STREET AND NUMBER					101. ZIP CODE		-		10g. CITIZE	EN OF WHAT	
IERAL	2000 ODELL A	VENUE AF	T. 226	6		212	237			Ш	SA	
FUN	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. A			ECENDENT O						nerican Indien,
ΒYΙ	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE A	AR OR DATES		1 🗆 1	ES 2 NO			en, etc.)		Specify:	o, otto
ED E	15. DECEDENT'S EI		5-10/1		USUAL OCCUP	ATION		105 K	IND OF BUILD	INESS/INDU	BLACE	
E	(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5 +	(0		rork done during		g	I I I I	IND OF BOS	INESS/INDO	JIN	
	n/a	n/a	'	n/a								
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NAM	ME (First, Mid	dle, Maiden S	Surname)		
BE (n/a						_n/	a				
5	19e. INFORMANT'S NAME (Type/Print)		19		ADDRESS (Stre					, State, Zip C	Code)	
	VA MEDICAL CE	NTER	1		NORTH		ENES		_			
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Re	movel from State	cametery, cr	rematory or ot				DATE	. I	CATION — CI	lty or Town, St	rte
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE	LICENSEE /	CROW	INSVI	I.I.E. V	A CEN		19-7	8 cr	owns	ville	md.
	· Ouis	1 / 100	1 10	10	ZZ. NAME	AND ADDRES	33 OF PAC	ALI I				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Sep 5 S oue to (or as a consequence of):											
NO	disease or condition	a 450	fore	- Hac	Ted Ad	anoc	CAYC	mo	m a			Onset and Da
CERTIFICATION	disease or condition resulting in death)	b. Uno	000	EQUENCE OF	A A	anoc	CAYC	mo	ma			Onset and Da
EDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b.	OR AS A CONSE	EQUENCE OF	Fed Ad			Part I. 2		AUTOPSY MEO?	24b. WERE AVAIL COMP	AUTOPSY FINDINALE PRIOR TO LETION OF CAUSATH?
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MEDICAL	Sequentially liat conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO OUE TO d. One contributing to	OR AS A CONSE	EQUENCE OF	n the underly	/ing cause g	givan in f	Part I. 2	Ia. WAS AN	AUTOPSY MEO?	24b. WERE AVAIL COMP	AUTOPSY FINDIN ABLE PRIOR TO LETION OF CAUSATH?
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PHYSICIAN: MEDICAL	Sequentially liat conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition	DUE TO C. OUE TO d. CONTRIBUTE HOSPITAL: 11 Angestient 2 28a. OATE OF (Month, De	OR AS A CONSE	resulting is	DEATH 28 OTHER: 4 Nursing H	YES A. PLACE OF DI	NO EATH (Choraldence (Part I. 2	Aa. WAS AN A PERFORIT	AUTOPSY MEO? NO	24b. WERE AWAIL COMP DF DE 1	AUTOPSY FINDINALE PRIOR TO LETION OF CAUSATH?
ED BY PHYSICIAN: MEDICAL	Sequentially liat conditions, if eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions of the condition	DUE TO C. OUE TO d. CONTRIBUTE HOSPITAL: 10 Inpetient 2 28s. OATE OF (Month, D) 28s. PLACE OI	OR AS A CONSE	PSE OF	DEATH 26 OTHER: 4 Nursing H 26 URY M 1 {	YES PLACE OF DI	NO EATH (Choraldence (ck only one) Other (3 28d. DESCR	Na. WAS AN / PERFORI	AUTOPSY MEO? NO	24b. WERE AWAIL COMP DF DE 1	AUTOPSY FINDINABLE PRIOR TO LETION OF CAUSATH? YES 2 \(\subseteq \text{NO} \)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and completely filled

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Charlie	R. Masser			2. DATE OF DEATH DATE OF DEATH DATE OF DEATH	1994 ^{EAR}	3. TIME OF DEATH		
d	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			HPLACE /State or Foreign		
	242-30-7172 9a. FACILITY NAME (If not institution, give s.	1 X M 2 F 7 S		9b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF I			
TOR	4114 Boarman Av	/enue		Balto						
DIRECTOR	10a. STATE 10b. COUNTY	Y		TOWN OR LOCATION	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER		Da		IP CODE		10g. CITIZEN OF			
FUNERAL	4114 Boarman Ave	212. WAS DECEDENT EVER II	VII & ADMED		21215	IC ORIGIN? (Specify Yea	USA			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 XNO	if yes, specific t YES 2	fy Cuban, Maxicar	n, Puarto Rican, etc.)	Spec	E — American Indian, k, White, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during most d	of working	166. KIND OF BUS				
BE COM	17. FATHER'S NAME (First, Middle, Last) John Massenburg					ME (First, Middle, Meiden : Upchurch				
2	19a. INFORMANT'S NAME (Type/Print) LaVerne Massenbu	ırg	19b. MAILING A 4114	Boarman	Number or Rural R Avenue	Balto, Mo	21215			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remote 4 Donetion 5 Other (Specify)	oval from Stata 20b	PLACE AND DATE OF OTHER WOOD I AWN			92494 Bal 1	cation — city or to	own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/	22. NAME AND	ADDRESS OF FAC	CILITY				
_	23. PART I. Enter the disesses, pr	Merch	t the death. Do no	4300) Wabas	sh Avenue (
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	CONSEQUENCE OF	7 6	, los			Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
- 11	PART II. Other significant condition		ut not resulting in	the underlying c	suse given in I	Part I. 24a. WAS AN . PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDIC		1 /2/21	•			1 YES 2	NO NO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 1 NO		
PHYSICIAN: MEDICAL	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF		S NC					
SICI	EXAMINER?	HOSPITAL:		OTHER: U Nursing Home	E OF DEATH (Che					
ву Рну	27. MANNER OF DEATH 1 CO Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU	RY WORK	Y AT	28d. DESCRIBE HOW IN	NJURY OCCURED			
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	eet, factory, offica		281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED		CIAN: To the best of my know						a) and menner as stated.		
ᆱ	296. SIGNATURE AND THE OF CERTIFIER	43			9c. LICENSE NUM			(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE		Print)	fred zo	832 K	~ //	Be14 4		
	SEP 2 6 1994	32. REGISTRAR'S SIGN								



50, BALTIMORE, MARYLAND 21215-0020	within mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Oept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	rent, the medical examiner must be notitied at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 8	1. DECEDENT'S NAME (First, Middle, List) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
- 8	DANIEL RAY MARSH								SEPT.	19	9	94	5:05	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last				t birtnday)	IF UNDER 1 YEA	AR IF UND	DER 24 HRS.	7. DATE OF			8. BIRTH	IPLACE (State or F	Foreign
	213-46-061	.8	1 💢 M 2 🗌 F	43	YRS.	MONTHS DAY	S HOUR	S MIN.	06/22	9/ Year)		M a r	yland	
	Se. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF								
S.	CARROLL COUNTY GENERAL HOSPITAL					WESTM						ROLL		
DIRECTOR	RESIDENCE OF DECEDENT									-				
2	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO							10d, INSIDE CIT LIMITS?	Υ	
	Maryland Anne Arundel								urnie				1 🗌 YES 2 🕽	(NO
FUNERAL	100. STREET AND NUMBER						101. ZIP CO	DDE			10g. CIT	ZEN OF V	VHAT COUNTRY?	
9	126 Glenda	le Av						21061				JSA		
Ē	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED				NIC ORIGIN? (S		or No-		- American Ind	llen,
BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES				O Specifi		.,,	- 1	Speci	ity:	
	15 DEC	EDENT'S EDUC	PATION	40.05	00000000								White	
	(Specify onl	y highest grade	completed)	(Gir	ve kind of a Do NOT us	USUAL OCCUP work done during	most of wo	rking	16b. KIN	ID OF BUS	SINESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0)-12)	College (1-4 or 5	+)		Driver					٠,,		/ m	_
M	17. FATHER'S NAME (First, M	licidle (set)		IIIu	CK I	river	_		M1S(ery	/Trans	fer
			Marsh				16. MI		Alleer			1 .		
B	19a. INFORMANT'S NAME (7		marsn	401		ADDRESS (Stre							Г	
2	Alleene S.		h	6	8 Ma	ary Co	oet and Numi Ourt	Fo]	Lson,	Cal	ifor	nia	95630)
	20a. METHOD OF DISPOSIT	ION on 3 - Remo	eval from State	20b. PLACE A	ND DATE	OF DISPOSITION	(Name of		DATE	20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other	(Specify)		Metro	Crei	natory	, Ir	ic. (09/21	Ba	1tin	ore	. MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	mald		22. NAMI	E AND ADDI	RESS OF FA	CILITY					
	Dawn F.	McDo	nald	name	-	299 T	rede	rick	TerA	DI 1	mary	/lan	d, Inc	220
	23. PART I. Enter the d	Iseasas, or c	omplicationa tha	t caused the dea	ath. Do r	not enter the	moda of	lying, suc	h as cardiac	or respi	ratory arr	est,	Approxim	
	The second secon		lst only one cau	ise on each line.									Interval E	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (QY AS A CONSEQUENCE OF):													
	readiting in death)		DUE TO	(OF AS A CONSEC	UENCE O	F):							1	-
Z	Sequentially list conditi		·	0										
CERTIFICATION	if any, leading to imme	diate	DUE TO	(OR AS A CONSEQ	UENCE O	F):								
2	cause. Enter UNDERLY! CAUSE (Disease or Inju													
E	that initiated events resulting in death) LAS	т	DUE 10	(OR AS A CONSEQ	UENCE O	F):								
#	Total III and III and III													
	PART II. Other significa	nt conditions	contributing to	death but not re	suiting	in the underly	ying cause	given in	Part i. 24s	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY F	INDINGS
MEDICAL						and in the andenying cadae given in			,	PERFOR			AVAILABLE PRIOR	TO
									— ¹½	YES 2	□ NO		DF DEATH?	
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AN	DID TOBACCO U		IBUIE IO CA			TH (Check only o		CERIAII	иПТ					
<u> </u>	EXAMINER? 1 X XES 2 NO		HOSPITAL:	1500		OTHER:								
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	ER/Outpatient 3	28b. TIM		INJURY AT	Residence	6 Other (Sp 28d. DESCRIE		IIIIW OO	NUBER		
	1 Natural 5	Pending	(Month, D	ey, Year)	INJ	URY	WORK?	X NO	C. /	se now in	- /	UHED	1 -11	
B	Sulate	Investigation	- 4	F INJURY — At hor	FOLLAD	treet lectory o		Am	281. LOCAHO	N (Street o	Nar	904	SC/	
	• -	Could not be determined	building,	atc. (Specify)		1 1 .	4.5	[[City or To	wn, State)		/:	D I A	
91	29a, CERTIFIER		2000	1	arrac		long ce			J 57	all ro	her !	Januach b	
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COMPLETED	2X XMEDI	CAL EXAMINER	: On the basis of e	xamination and/or in	rvestigatio	n, in my opinio	n, death occ	cured at the	lime, data and	place, and	d due 10 th	e ceuse(e)	and manner as s	stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	11.					CENSE NUM					(Month, Day, Year)	
10	7 Meoda	e M	· Keny	2, mis	D,		0.	C.M.E	<u>.</u>		▶ SE	PI.2	0,1994	
-	30. NAME AND ADDRESS OF		COMPLETED CAN					1			- A - C -	201		
	1 HEODOR		KING		enn	Street	, Bal	.tumoi	re, Mai	cyLar	na 21	201		
	SEP 2 6 199		22. REGISTRA	RYSIGNATURE										

3. TIME OF DEATH 0850

10d. INSIDE CITY LIMITS?

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Approximata Interval Between

Onset and Daath

5 Yrs

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last,

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4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS MIN. 79-1to-YRS . 2.02-2 Pennsylvania detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Cecil HAUTE LU BOOD
HESIDENCE OF DECEDENT DIRECTOR Center Narsing Elkton 10h COUNTY 10e STATE 10c. CITY, TOWN OR LOCATION Ceci Md Earleville 1 TYES 2 THO BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Green 21919 54 ours after death. Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican,

1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUSTRY CCUPATION during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 Bookeeper Dept. Head Local Gov't. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Thomas page 5 should be Morgan BE (Leo Salina Lumas 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Helen C. Morgan 19 Green Street Earleville. MD 21919 eg 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must funeral director, Metro Crematory, Inc. 9/24 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES, Mar MALL the medical examiner 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Md., Inc. 299 Frederick Road Balto., MD 21228 George E. MacNabb has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final - Winic Obstylective Lung Disease disease or condition the death certificate be executed within 2... resulting in death) injury, or other traumatic event, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? OR ATTENDING PHYSICIAN: The law requires that shows any pronary , 520Se 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate he field within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Routs Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE M.D. 09-23-94 Whan 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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SEP 2 8 894 Min do the Notice

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

DORIS LOUISE MARSHALL 5. SEX

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DIVISION

7. DATE OF BIRTH (Month, Day, Year) 1 - M 2/X YRS. 216-20-5155 8/28/26 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR 700 ELMWOOD RD. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 700 ELMWOOD ROAD 21206 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Widowed 4 Divorced If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: ВУ 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi COMPLET College (1-4 or 5+) 12 EXECUTIVE SECRETARY STEIFF SILVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) ŧ BE (ERNEST RUDOLPH SCHNEIDER CATHERINE MARGUERITE SOPHIA MARTZ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHARLES D. 700 ELMWOOD RD. BALTIMORE, MD. MARSHALI pe 20s. METHOD OF DISPOSITION

1 V Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ~PARKWOOD CEMETERY 9/26/94 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME 7401 BELAIR ROAD BALTIMORE, MD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ahock, or heart failure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Final Metastatic Lauramous (the disease or condition event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. Javamous traumatic 1009 CERTIFICATION (OR AS A CONSEQUENCE OF): Sequentially list conditions, Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 any injury, PART II. Other aignificant, conditions contributing to death but not resulting in the underlying cause given in Part i. 24s WAS AN AUTOPSY PHYSICIAN: MEDICAL signed by t Health and Malnutrition that 1 YES 2 NO peen s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN has be Oept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL . OTHER: 1 TES 2 NO 4 Nursing Home 5 Rasidence 8 Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Nolniary М 1 YES 2 NO ВУ No Ini Accident 281. LOCATION Street and City or Town, State) 3 Suicide 59 COMPLETED 6 Could not be 28 4 Homicide S 29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 THE IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JULIE WINSTON 750 MAIN STREET REISTERTOWN, MD. 21136

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. inst birthday)

94 28206

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 X NO

MD.

8. BIRTHPLACE (State or Foreign

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

USA

9c. COUNTY OF DEATH

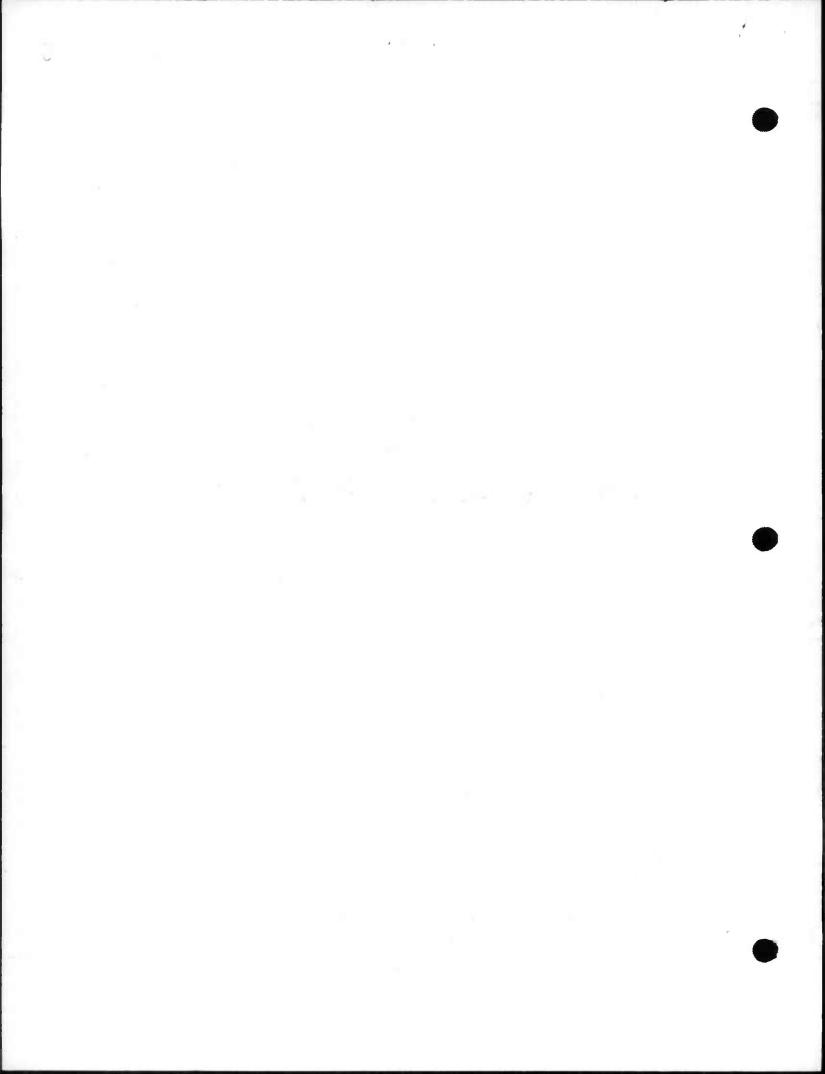
BALTIMORE

21206

2. DATE OF DEATH

9/21/94

20c. LOCATION - City or Town, Stata BALTIMORE. MD. 21236 Approximate Interval Between Onset and Daath north 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 ND Number or Rural Boute Number 29d. DATE SIGNED (Month, Day, Year) 90 (526 - 3048)DHMH-16 Rev 1/89



Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has he filed within 72 hours after death with the State Deot of Health and Mental Haciene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IAN: The law r	rtificate has be e State Dept.	or item 23 s
IDING PHYSIC	death with th	s marked,
OR ATTEN	DIRECTOR:	Item 28 I
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle 2. DATE OF DEATH MONTH 3. TIME OF DEATH 4:50 Am Elliott 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 M 2 0 07/03/43 YRS. Pennsylvania 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CLTY NOO 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 51 90 21231 USA WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? FORCES? 1 YES 2 If yes, specify Cube

1 ☐ YES 2 NO 1 Never Married 2 Merried BY Specify: Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Handyman Home Improvements 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Joseph Whitman Neily Lydia Hermann BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 13 Tanglewood Road Lydia H. Catonsville, MD 21228 Neilv 20e. METHOD OF DISPOSITION
1

Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metro Crematory, Inc. 9/23 4 Donation 5 Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNE AL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. 5207 George E. MacNabb 299 Frederick Road Balto., MD 21228 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart feliura. Liet only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finei diseese or condition recuiting in death) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1/ YES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMMER?

1 YES 2 \(\text{I NO } \(\text{VES } \) 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: etient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 26e. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCURED 1 Natural BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my ATURE AND TITLE OF CER 29d. DATE SIGNED (Month, Day, BE Patho 2 OF DEATH (ITEM 27) (Type, Print)



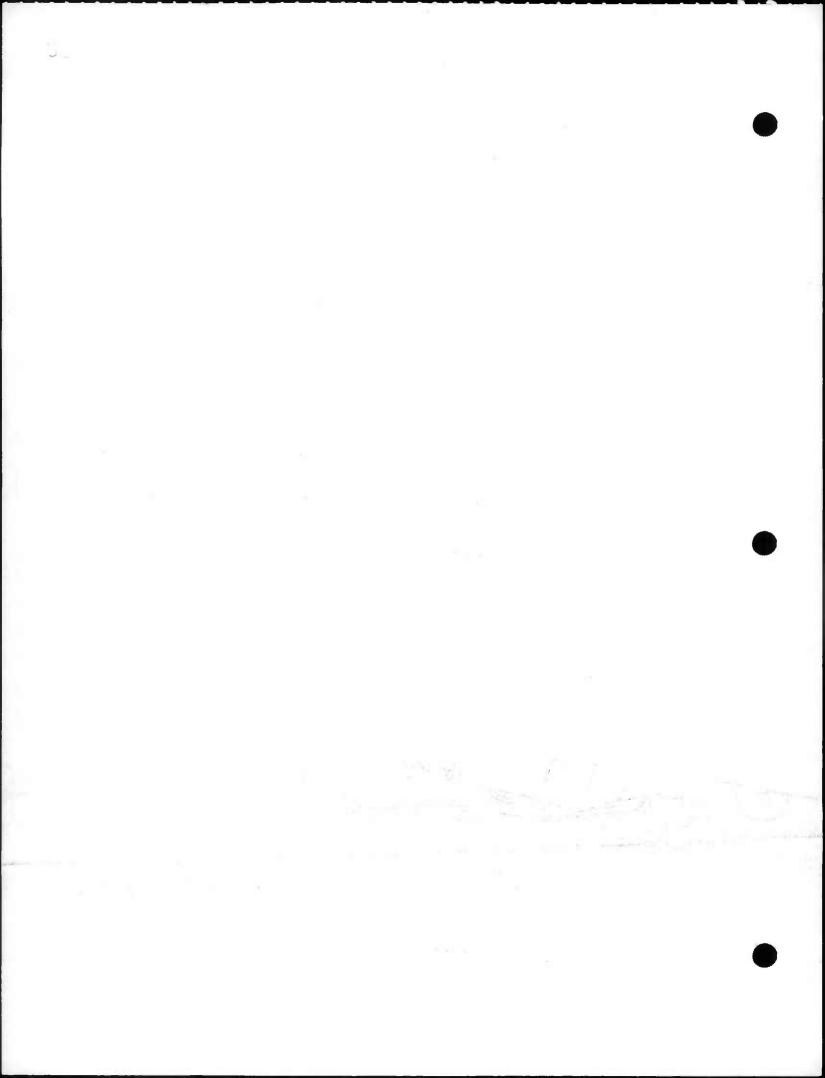
DIVISION OF VITAL RECORDS, P.C. BOX 68760,

TO THE HOSPITAL ON THE LANGE HYBICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR AND THE LANGE AND THE LANGE AND THE AND THE AND THE LANGE AN BALTIMORE, MARYLAND 21215-0020 ION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

	REGISTRAR		CE	INTIF	ICALE	UF	DEA	in_	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) SOON I. (ЭH							2. DATE OF DEAT MONTH Sept. 1	DAY	94	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-70-4495	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	June 1,		A DIDT	HPLACE (State or Foreign try)		
1 1	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN O	R LOCATE	ON OF DE			OUNTY OF			
DIRECTOR	9240 Rt. 99 (01d		k Rd.)				ott C			1		County		
	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATI	ION					10d. INSIDE CITY		
1 1	Maryland Howar	d County		E11	icott			_				LIMITS?		
FUNERAL	9240 Rt. 99 (01d	Frederic!	k Rd.)			101.	. zip cooi	.042		1 "	CITIZEN OF USA	WHAT COUNTRY?		
5	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DECE	ENDENT C	F HISPAN	IC ORIGIN? (Specif	Yaa or No-	- 14. RAC	E — American Indian,		
Β¥	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 N	ю			NO		i, Puarto Rican, ato)		Specify: Asian		
B	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATIO	ON .		16b. KIND OI	BUSINESS	/INDUSTRY			
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	maker		st of workin	ig	OWI	hom	e			
N	17. FATHER'S NAME (First, Middle, Last)						40. 14000							
BE CO		oun Chung					18. MO11		NE (First, Middle, Me L SOO Let		16)			
0	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Street ar	nd Number	or Rural R	loute Number, City o	Town, State,	Zip Code)			
ř	Mr. Geroge Kyong		92	240 R	t.99(01d	Fre	deri	.ck Rd)E	lico	tt Ci	ty,MD 21042		
	20a, METHOO OF DISPOSITION P Burlal 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	ovel from State	20b. PLACE A cemetery, crei	matory or of	her place!			ln. 9			City or T	ille, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1) La WI	22. N	AME AN	D ADDRES	SS OF FAC	HLITY		00034	IIIC, IID		
	Thursdaller	Sla		10053	5 E	E11i	.cott	Cit	l Home, y, Mary	and :				
	23. PAST I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Head	se on aech line.									Approximate interval Between Onset and Death		
_		DUE TO	(OR AS A CONSEC	UENCE O	·):					0				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	OUE TO	OR AS A CONSEC	OUENCE OF	÷):									
임	CAUSE (Disease or Injury that initiated events	c. OUE TO	OR AS A CONSEC	UENCE OF	Ť):				_	1,300				
8	resulting in deeth) LAST	d												
	PART II. Other significant condition	s contributing to	death but not re	eaulting i	n the und	erlying	Causa c	iven in I	Part i 24a wa	AN AUTOP	ev Tau	. WERE AUTOPSY FINDINGS		
EDICAL	Pleura effusion	12 2000	12- fr	Hen	1 +1,00	UU	10L C	de la	doa PER	FORMEO?		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
	10		0	1110	(() 4	-	0-4 0		1 _ YE	2 🗌 NO		DF DEATH?		
Σ	DID TOBACCO USE CONT	DIDLITE TO CAL	ICE OF DEAT	TU VE	c ET N	о П	LINIC	EDTAIN				1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAT			H (Check on		UNC	EKIAIN	· ⊔]					
PHYSICIAN:	EXAMINER?	HOSPITAL:		T	OTHER:	ry orre)		/						
Y	1 YES 2 NO	1 Inpetient 2						aldenca (B ☐ Other (Specify)					
ву РН	27. MANNED OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, Da		28b. TIMI		8c. INJU WOF 1 N	JRY AT RK? ES 2	NO	26d. DESCRIBE H	W INJURY	OCCURED			
	3 Suicide 6 Could not be datermined	28a. PLACE OF building, o	INJURY — At hor etc. (Specify)	ne, term, s	treet, tactor	y, offica			281. LOCATION (St. City or Town, S		nber or Rural	Route Number,		
9	29a. CERTIFIER													
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of ax										s) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	margia				T		NSE NUM		29d. (DATE SIGNED	(Mopth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	E OF OEATH (ITEM	1 27) (Type.	Print)		US	389	4 100		9/1	9199		
	30. NAME AND ADDRESS OF PERSON WHE Richard I. Andors	sky, M.D.	10808	Hic	kory	Ric	ige F	?d.,	Columbi	a, MD	2104	4		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF												
	SEP 2 6 1994	win Denden	- fudue											

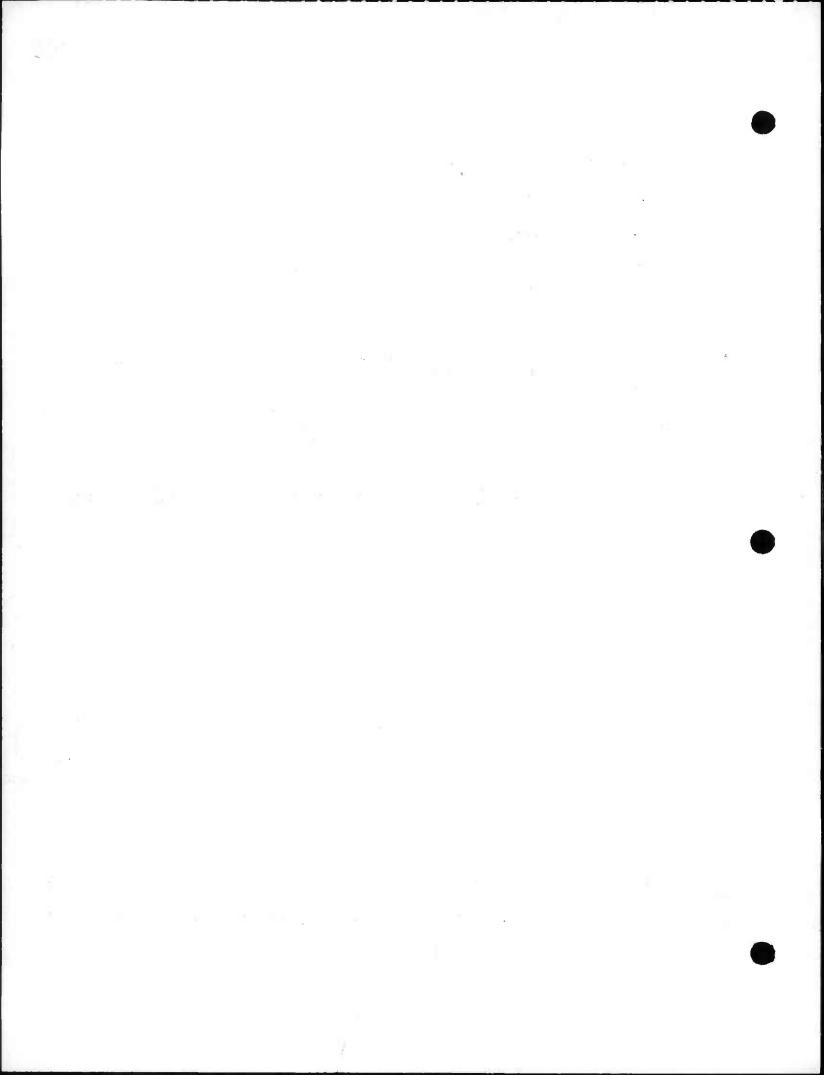


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and remain the feath, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. HTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF I			WEAR	3. TIME OF OEAT	Н
	ROBERT		LEE		PENDLETON					SEP'	Γ. 2		994	8:00	Ам
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER 2		7. DATE OF E	HTRE		8. BIRTI	IPLACE (State or Fo	reign
	406-92-4015	5	1 X M 2 □ F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.	3, 19	965		ucky	
	9a. FACILITY NAME (If not in	estitution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATIO	N OF DE	ATH		9c. COU			
DIRECTOR	MD. RTE. 68N	EAR E	EXIT 62			CUM	BE.	RLAND)			AL	LEGA	ANY	
Ä l	10e. STATE	10b. COUNTY	1		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	,	
	Kentucky	Mo	organ			Ma	lon	ie						LIMITS?	NO
AL	10e. STREET AND NUMBER	7	·				10	of. ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?	
E	Box 17							41	451				USA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13. \	MAS DE	CENDENT OF	HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACI	E — American India	n,
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W		A_INO	;	YE:	S 2 X NO	Specify	n, Puerto Ricar	i, 84C.)		Spec	White	
														wnite	
COMPLETED	(Specify onl	EDENT'S EDU	cation completed)	18a.	(Give kind of the Do NOT u	work done o	CCUPATI during m	ION lost of working	1	186, KIN	D OF BUS	INESS/IN	DUSTRY		
ا ي	Elementery/Secondary (0	1-12)	College (1-4 or 5+	-)		lder					0		يرج الأصلام		
M	17. FATHER'S NAME (First, M	Helette (a a 6)				raer							ction	1	
ŭ	Bob Pend							1		ME (First, Middle		,			
H	19a. INFORMANT'S NAME (1				*** *** ***					Faye (_	_			
2	Lula Faye		ton					one,		Route Number, C	ity or Towi	n, State, Zip	o Code)		
	20a. METHOD OF DISPOSIT		COIT	1 001 111	CEAND DATE:				<u> </u>	_			***	-	
	t Donation 5 Other	n 3X Reme	oval from State	cemetery,	crematory or o	ther place)	ITION (N	Can a		OATE			City or To		
	21. SIGNATURE OF PURENA	1 1	ENSEE	Pain	L Vall					9/26	Cro	оскет	it, F	ĹΥ	
	· // /	,	As.	0	22. NAME AND ADDRESS OF FACILITY ALTENBURG FUNERAL HOME, P.A.										
_	18.15	unge	tellet		death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate										
NO	disease or condition resulting in death) Sequentially list condition	+	b	TP CO			n	<i>ાં</i> કેડ					_	Onset and	Juan
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	PART ii. Other significa	nt condition	s contributing to	death but no	ot resulting	in the un	derivir	ng cause gi	ven in	Part i. 24a	. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FI	NDINGS
ই ∥								g oudst g.			PERFOR	MED?	1 240	AVAILABLE PRIOR	то
MEDICAL										1.6	YES 2	□ NO	- 1	OF DEATH?	
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SIC	EXAMINER? 1-Z YES 2 NO		HOSPITAL:			OTHER	1:		ldenes	8 X Other (Spi		O ENT	F 0.1	LAGGED	
Ë∥	27. MANNER OF DEATH		28a. OATE OF	INJURY	28b. TIM	E OF		JURY AT	HOMICE	28d. DESCRIE				ACCID	ENT
BY P		Pending Investigation	G Month, De	ay. Year) 2G Li		URY M		ORK? YES 2	NO	DULLARA	OFT	HPIDE	TWI	NY FIXED	Chis
	2 Cutotda	Could not be	28a. PLACE OI	F INJURY - A		-	ory, offic	ca		281. LOCATIO	N (Street a	nd Number	or Rural F	Route Number,	-
Ĕ		detarmined		etc. (Specify)	umi					RT68		Lu	nusi	CH ON	
۳.	29a. CERTIFIER	IFYING PHYSIC	CIAN: To the best of			ed at the th	en e deste	and slace of	and due						
COMPLETED	onal		R: On the beale of as											and manner as a	hated
8	296. SPENATURE AND TITLE			Treatment are		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					piaca, aire				ared.
BE	U.O.C.As mile	CENTRIER	01/2.11	e e				29c. LICEN						(Month, Day, Year)	, 1
9	30. NAME AND ADDRESS OF	PERSON WU	COMPLETED CAUS	E OF OFATA	TEM 2D (5:	Drive!		0.0	• 141 •	. C.		- D.	cri.	23,199	4
	MARYDAG	DA.					ree	et, B	Balt	timore	e, M	lary.	land	21201	
	DEL 26	Year)	32. REGISTRA		E A										



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the response of the attending physician and complete.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 1 -

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
			Golden	Fiold	בם פו	rkoi	_			MONTH D		YEAR	2 A	
	4. SOCIAL SECURITY NUME		S. SEX	6. AGE (In yrs.		IF UNDER		IE IMPE	R 24 HRS.	Sept. 2:	<u> </u>	8. BIRTHPLACE (State or Foreign		
	226-53-90		1 🔀 M 2 🗍 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	102	Count	ry)	
	9a. FACILITY NAME (If not in					PS. CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OF								
œ									ON OF DE	AIH	110		DEATH	
유	5625 Vant		OINC R	Jau		Columbia Howa								
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION				10d, INSIDE CITY		
	Maryland	How	ard		Co	1 umk	oia						LIMITS?	
AL	10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CI1	TIZEN OF	WHAT COUNTRY?	
FUNERAL	5625 Van	tage	Point 1	Road				211	244		US	SA		
5	11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.S.		13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,	
BY	1 Never Married 2 X 3 Widowed 4 Divo	3,752576.75		WAR OR DATES	ZINO				in, Maxica Specify	n, Puerto Rican, etc.)			k, White, atc. ***Black	
													Black	
	(Specify only	EDENT'S EDUC y highest grade o	ATION completed)		Give kind of title. Do NOT us	work done	CCUPATIO during mo	ON st of worki	ng	16b. KINO OF BUS				
ا ي	Elamentary/Secondary (0)-12)	College (1-4 or 5	+)		che	r			Montg	omei	cy C	ounty	
COMPLETED	17. FATHER'S NAME (First, M	hridle (act)	47							ME (First, Middle, Maiden		cnoo	1 System	
			Parke	r. Sr.				18. MUI		die Fiel				
H	19a. INFORMANT'S NAME (1					ADDRESS	S /Street s	nd Numba		Route Number, City or Tow		in Cada)		
임	Sherry S	Seal								t Rd. Co			Md.	
	20a. METHOD OF DISPOSIT	ION		20b. PLAC	EAND DATE							City or To		
	1 Donation 5 Other		val from Stata	cemetery.	crematory or o	ther place)			v T	nc 9-24-		Lau	rel:	
	21. SIGNATURE OF FUNERA	L SERVICE LICI				22.	NAME AN	D ADDRE	SS OF FA	CILITY			yland	
	· allen:	1	- /	M0045	5	- 1				al Home,				
	23. PART i. Enter the di	sesses, or co	omniications the	t caused the	death Do	F.	ll i	cott	. Ci	tv. Md.	2104	43		
	shock, or h	sart fallurs. L	ist only Dns csu	iss on sach il	ns.	ibt aintai	tha mo	us Di uy	my, suci	i se cardiac or respi	ratury ar	rest,	Approximats Intsrvai Batween	
	IMMEDIATE CAUSE (Fir disease or condition	nsl	150,	04200	1 /	20 15	111	Onli	Λ				Onset and Dasth	
	resulting in death)	s	DUE TO	(OR AS A CONS	SEQUENCE O	700	010	ון יינט	7				8 HOURS	
z			GL101	BLASTO	MA	41	ILT	IFO	A RM	5			VTHOUTH	
5	Sequentially list conditi if any, lasding to imme-		DUE TO	(OR AS A CONS	SEQUENCE O	F):	,						1.1.0.1.5	
CA	cause, Enter UNDERLYI CAUSE (Disease or Inju													
#	that initisted events resulting in death) LAS		DUE TO	(OR AS A CONS	SEOUENCE O	F):								
CERTIFICATION	Tooling III obditi, Erio	d												
	PART II. Other eignifics	nt conditions	contributing to	dasth but no	t resulting	in the un	deriying	Causs	given in	Part I. 24e. WAS AN		24b	. WERE AUTOPSY FINDINGS	
MEDICAL										PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 123 2	A NO		OF DEATH? 1 YES 2 NO	
	DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF DE	ΔTH YE	S \square	10 X	UNC	ERTAIN				T TES 2 NO	
Ž.	25. WAS CASE REFERRED TO	O MEDICAL			ACE OF DEAT			0110						
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER	ing Hom	5 X Re	esidenca	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM		28c. INJ	URY AT	I	28d. DESCRIBE HOW I	NJURY OC	CURED		
ВУ		Pending Investigation	(mana, p	uy, roury	1110	М		RK7 'ES 2	□ NO					
- 11	3 Sulcide 6	Could not be	28a. PLACE C	F INJURY - At atc. (Specify)	home, farm,	street, fact	ory, office			28f. LOCATION (Street & City or Town, State)	nd Numbe	r or Rural F	Route Number,	
PLETED	4 Homicide	detarmined												
P	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge,	death occurre	ed at the ti	lme, data	and placa	, and dua	to the cause(s) and mar	ner as ata	rted,		
0	one) 2 MEDI	CAL EXAMINER	On the basis of a	xemination and/o	or Investigation	n, in my o	pinion, d	eath occur	red at the	time, data and placa, an	d due to t	he cause(s) and manner as stated.	
7	29b. SIGNATURE AND TITLE	OF GENTIFIER	4.	1.4.14				29c. LICI	ENSE NUN	BER	29d. DAT	TE SIGNED	(Month, Day, Year)	
ø	XIDAM (1	ZHUN	mum	MI				17	136	<i>(3</i>	> 6	9/24	1/94	
0	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (IT			,	4				1	BARTARE	
	STUART A.	OROS	SHAM	MY	ME]	Om	5 /4	OPKI	US 0.	UCOLOGY (ent	M	MA	
	31. ONTE PER MONTH 199	14' 9	32. Pegistra	R'S-98 HATUBE										
	OL: 20 100	U		•										

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)	YANDAS F	PKA	0	()0	2. DATE OF DEATH MONTH	AY YEA	3. TIME OF DEATN				
8	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Sept. 20		IRTNPLACE (State or Foreign				
	088-64-6711		18 _{YRS.}	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-6-76		rinidad				
	9e. FACILITY NAME (If not institution, give str	reet and number)		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY (
DIRECTOR	Shock Trauma C	enter		Bal	timore							
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION		-	10d. INSIDE CITY LIMITS?				
		Bronx		Bronz	ζ			1 YES 2 NO				
RAI	100. STREET AND NUMBER 775 Concourse	Village F	ast	10	1045	1	-	OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No — 14, F	RACE — American Indian.				
BYF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 _ YES	2 DINO DATES		S 2 NO Specific	en, Puerto Ricen, atc.) fy:		Black, White, etc. Specify: Black				
	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDI ISTE					
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of v	vork done during m e retired.)	ost of working	100, KIND OF BO	SINESS/INDUSTY	**				
MP	12		S	tudent								
႘	17. FATHER'S NAME (First, Middle, Last) John Protman					ME (First, Middle, Maiden ppa Pagua	.,					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow		10451				
임	Philippa Paguar	ıdas				lage East						
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State 20t	netery, crematory or of	FDISPOSITION (N	ame of		CATION — City of					
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	C	ypress	Hills (Cem. ND ADDRESS OF FA	9-28 Bk	Lyn, No	ew York				
	Calle	Chila		/Ca:	clton C	. Douglas	ss Fun	eral Servic				
	23. PART i. Enter the dieeeses, or co	omplications that cause	d the deeth. Do r			110h St.	iratory erreet	Approximete				
	ahock, or haert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	ist only one cause on a List only one cause on a List on the List of the List	ech line.		Vound			Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF):											
الب	PART ii. Other significant conditions	contributing to death b	out not resulting i	n the underlyin	g causa given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS				
						1 VES		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?				
M	DID TOBACCO USE CONTR	IDUITE TO CALICE C	S DEATH VE	NO F	7			1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	IBUTE TO CAUSE C	26. PLACE OF DEAT		UNCERTAI	N L I						
2	EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 Inpatient 2X ER/Outs	patient 3 🗆 DOA	OTHER:	ne 5 🗆 Reeldence	8 Other (Specify)						
PHYSICIAN: MEDICA	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI		TURY AT ORK?	28d. DESCRIBE NOW	NJURY OCCURE	0				
À	1 Natural 5 Pending 2 Accident Investigation	9/20/94	0111	HRS 10		subjec	t sho					
E	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	Voadwar		•	281. LOCATION (Street City or Town, State) 500 block	West Lat	Fayette Street				
COMPLETED		EIAN: To the best of my known: t: On the best of examination						SALTIMORE MARYLAN				
RE C	296. SIGNATURE AND TITLE OF CERTIFIER	11 -			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)	O.C.M	I.E.	Sept	. 20 1994				
	THE ODORE M.	12. REGISTRAR'S SIGN		nn Str	eet, Ba	ltimore,	Maryl	and 21201				
	SEP 2 6 1994	Ami Dinien-R										
	U							DHMH-16 Rev 1/89				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

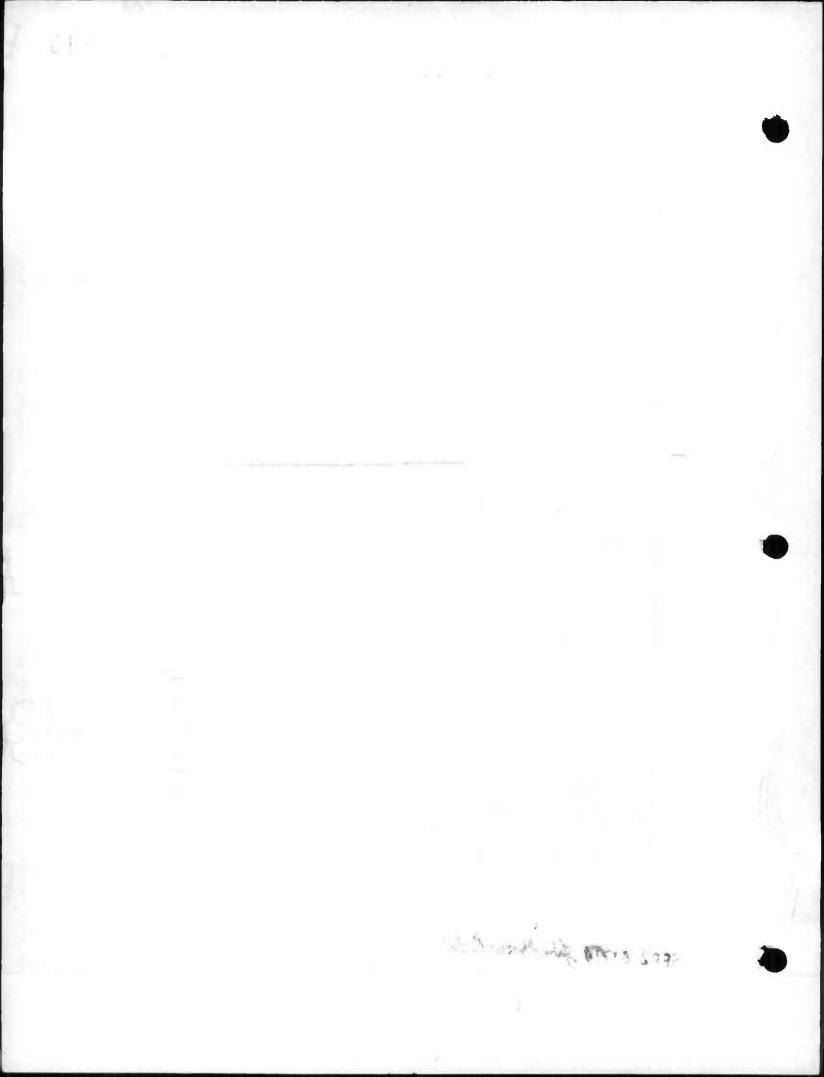
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to removal.

IMPORTANT: If them 28 is marked for Item 23 shows any latter we retained to the interval of the transition of the transiti

	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) BARHAP	A J. R	'AY	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH YEAR 10:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	birthday) F UNDER 1 YEAR F UNDER 24 HRS YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	BIRTHPLACE (State of Foreign Country)
_	9e. FACILITY NAME (If not institution, give stre	2/	9b. CITY, TOWN OR LOCATION OF	DEATH 1 7 9c. COUR	ATÝ OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	1705P	DA//imove	e) C//4	
	MARYAM 106. COUNTY		10c. CITY, TOWN OR LOCATION OALLIMOTE	V	10d. INSIDE CITY LINUTS? 1 (2) YES 2 NO
FUNERAL	100. STREET/AND NUMBER	ed Ave,	101, ZIP CODE	7 10g. CITI	ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 MG			14. RACE — American Indien, Black, White, etc. Speaty:
0	15. DECEDENT'S EDUCA (Specify only highest grade of		EDENT'S USUAL OCCUPATION g kind of work done during most of working	16b. KIND OF BUSINESS/IND	USTRY
APLET	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	Memplex		1.33
E COMPL	17. FATHER'S NAME (First, Middle, Last)	orchy	18/MOTHER'S	NAME (First, Middle Maiden Sur ame)	
TO B	190. INFORMANT'S NAME (Type/Print)	Ra (1	MAILING AOORESS (Street and Number or Run	al Royte Number, City or Town, Shall Zip	11/1/29745
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove		ND DATE OF DISPOSITION (Name of patory of other place)	OATE 20c. LOCATION -	City or Town State
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE /	22 NAME AND ADDRESS OF	FACILITY ISS FUN	eral Home
	23. PART I. Enter the diseases, or co	7, Kussad the dea	2221 No. Ith. Do not anter the mode of dying, a	th Avebal	to. md 21216
	ahock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	iat only one cause on each line.	Breast		Intarval Between Onset and Death
200	resulting in death)	DUE TO (OR AS A CONSEQU	7	Carcino	ma
TION	Sequentially list conditions, if any, lasting to immediate	DUE TO (OR AS A CONSEOR	UENCE OF):		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQU	UENCE OF):		
	resulting in death) LAST				
DICAL	PART II. Other algumeant conditions	contributing to death but not re	aulting in tha undarlying cause givan	In Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
V: MEDIC					1 YES 2 NO
PHYSICIAN:		HOSPITAL: 1 Propertient 2 ER/Outpetient 3	26. PLACE OF DEATH (
	27. MANNER OF CEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	DOA 4 Nursing Home 5 Residence 28b. TIME OF RONGE INJURY M 1 YES 2 NO	284. OEȘCRIBE HOW INJURY OCC	CUREO
ED BY	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)		281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED			th occurred at the time, date end place, and d		
E CON	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER		rvestigation, in my opinion, death occured at t		e ceuse(s) end menner es stated. E SIGNED (Month, Day, Year)
TO BE	JORIAN SON SON SON WHO	COMPLETED CAUSE OF DEATH	J3	0355 >9	7-22-94
	Kosufa R.	CRUZ	BON SEC	ours Ho.	SPITAL
	31. DATE PILEO (Month, DB), Year) SEP 2 6 1994	32-REGISTRAR'S SIGNATURE	G		

20000		once.
3		Ħ
0		notified
B		g
1.0100		must
	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	or remova	nedical
	on, c	he n
-	I, cremat	event, 1
	buria o	natic
	prior to	traun
-	- Avgiene	r other
	Mental !	jury, o
	pue	=
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	of	shor
	Dept.	23

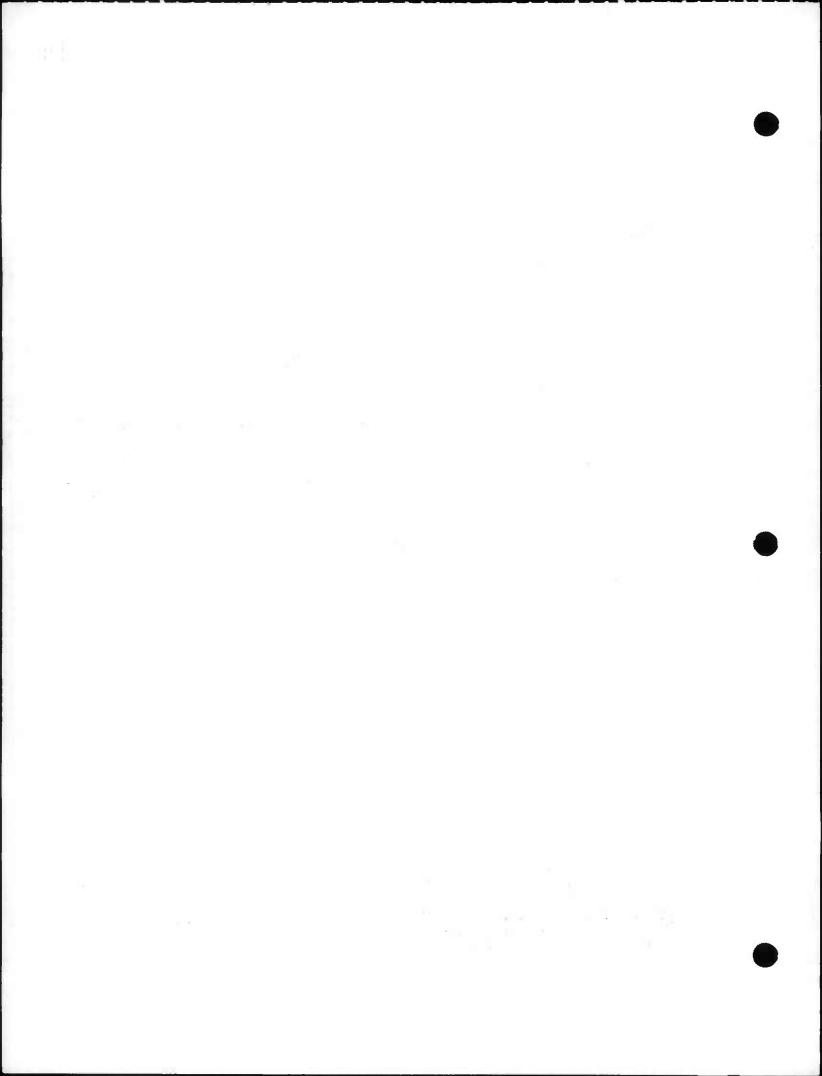
	REGISTRAR	CERTIF	ICATE C	F DEATH	REG.	NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)			-	2. DATE OF DEAT	н		3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Last) M. RAWI	LINSIN			MONTH	2 3	YEAR	11:30 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	i.	8. BIRTHP	LACE (State or Foreign
1	212-07-4222 1 🗆 M 2 💢 F	76 YRS.	MONTHS DAT	/S HOURS MIN.	NOV. 22, 1	917	CONN	ECTICUT
_ 1	9s. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOY	WN OR LOCATION OF E			INTY OF DE	
E I	713 MAIDEN CHOICE LANE, APT.	2308	C	TONSVILLE	7		DATT	IMORE
5	RESIDENCE OF DECEDENT	2300	- 02	TONDVILLE	4		DALI	IMOKE
DIRECTOR	10a, STATE 10b, COUNTY	10c, CIT	Y, TOWN OR LO	CATION			3	10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMOR	RE		CATONSV1	LLE			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CIT	IZEN OF WI	HAT COUNTRY?
<u>u</u>	713 MAIDEN CHOICE LANE, APT-	-2308		21228	3		U.	S.A.
ا ۾	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specif	y Yes or No-	14. RACE	- American Indian, Whits, etc.
BY	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR (OR DATES	1 🗆	, specify Cuben, Mexic YES 2 XNO Speci	an, Puerto Hican, etc lly:	-)	Specify	r:
	Δ.		J					WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of s	work done during	ATION most of working	16b. KIND OI	BUSINESS/IN	DUSTRY	
ן ע	Elementary/Secondary (0-12) College (1-4 or 5+)	iffs. Do NOT us	,					
₹	UNKNOWN	ASSEMBI	_Y			INGHOU	SE	
	17. FATHER'S NAME (First, Middle, Last) CUD TOTTAN DELICITED				AME (First, Middle, Ma			
98	CHRISTIAN BEUCHLER			^	MMA HATC			
2	19a. INFORMANT'S NAME (Type/Print)			et and Number or Rural				
	BARBARA GOFF			STREET -	_			225
	20a, METHOD OF DISPOSITION 5-W-Burlal 2 M Cremation 3 Removal from State	GUR LADY	Crema	I (Name of E O □ V	DATE 200	LOCATION -	City or Tow	n, State
	4 Donation 5 Other (Specify)	GUR LADY				ALTIMO	RE	
	21. SIGHATURE GE FUNENAL SERVICE LICENSEE	7-11		E AND ADDRESS OF FE		TNC		
	HOIONA	044		WILKENS			DE M	D 21220
	23. PART I. Enter the diseases, or complications that co	wised the death. Do r	not enter the	mode of dying, su	ch as cardiec pr	espiratory ar	rest.	Approximate
- 1	snock, or neart fellure. List bnly bne cause of	on each line						Interval Between Onset and Death
- 1	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	BOYE						
H	resulting in death) a	AS A CONSEQUENCE OF	B.					Hours
,	1000			- 6 - (00	7. 725	0100		HEARS
0	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE OF	D:	TO BOAS	DU CAR	VISE	ASC	Testes
CERTIFICATION	cause. Enter UNDERLYING	RCHOLES	TEZOL	emia				
Ĕ	CAUSE (Disease or Injury	AS A CONSEQUENCE OF						
	resulting in death) LAST							
4	PART II. Other significent conditions contributing to dea	th but not resulting i	in the underl	ying ceuse given in	Part I. 24a. WA	S AN AUTOPSY		WERE AUTOPSY FINDINGS
DICAL	- UNPERTENSION)				S 2 140		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME						N	- 1	1 YES 2 NO
2							ı	
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C	heck only one)			
7	1 YES 2 PO 1 Inpetient 2 ER/	/Outpatient 3 DOA	OTHER: 4 - Nursing i	tome 5 Plesidence	6 Other (Specify)			
	27. MANNER OF DEATH 28s. DATE OF INJU			INJURY AT WORK?	28d. DESCRIBE H		CURED	
2	1 Natural 5 Pending 2 Accident Investigation) INJ		YES 2 NO				
	3 Suicide 28e. PLACE OF IN.	JURY — At home, term, a	street, factory, o	iffice	281. LOCATION (S	reet and Numbe	r or Rural Ro	ute Number,
3	4 Homicide determined building, etc.	(apecity)			City or Town, S	itate)		
ן ני	29a. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my s	roculadas daeth sanus		aneigheachta		2		
E	(Check only one) 2 MEDICAL EXAMINER: On the basis of sxamic							an according to
COMPLEI			, it my opinio					N. J. St. College
n n	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DA1	E SIGNED (Month, Day, Year)
2	Mattle V. New	~		D44-	748	P '	1/23	154
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF							-2/22
	MATTHEW J. NARR	ETT M. P.	711	MADIDENI C.	HOICELA	VE CA	JUNGE	lue mo
	31. DATE FICED (MONIN, Day, Hear)	SINATURE						7
	SFP2 61994 Jahr Photos 134	0.004						



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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, remation, or removal.

		REGISTRAR				CERTIF	CALL	. 01	DEAIII		REG. NO.				
	i	1. DECEDENT'S NAME (First, A	Widdle, Last)								OF DEATH			3. TIME OF C	EATH
		David J.	Ritte	ידי						Santa	mber 21		YEAR	5:00	Ры
- (╟	4. SOCIAL SECURITY NUMBE		5, SEX	6. AGE (In yrs.	last hirthday	IF UNDER	1 4510				, 133			
					o. AGE (III yrs.		MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	/. DATE (Day, Year)		8. BIRTHP Country)	LACE (State of	r Foreign
		233-56-281		1 M 2 D F	57	YRS.				Janua	rv 21.	1937	W.	Va.	
		9a. FACILITY NAME (If not inst	titution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATION OF DE		, ,	9c. COU	NTY OF DE	ATH	
2	5	6620 Washi	naton	Blvd. I	ot. 14		F1	kri	dae			Howa	and		
	ŧ ŀ	RESIDENCE OF DECE		52.0., 1	.00 11			. KI I	age			THOW	ar u		
ŭ	ا پُ	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE	YTK
DIBECTOR	ŧ II	Md.	Hos	ward			Ikri	dae						LIMITS?	M
	- 16	10e. STREET AND NUMBER	110	Wara			- 1 1 1	\rightarrow	ZIP CODE						
ELINEBAL	5							101				10g. CIT		HAT COUNTR	Y?
1 4	ان	6620 Wash:	ıngto	n Blvd.,	<u>Lot 14</u>				21227				USA		
1.8	5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED					GIN? (Specify Yes or No- 14. RACE -			- American	ndlan,
	- 1	1 Never Married 2 N M		IF YES, GIVE V	AR OR DATES	-XMO		ecify Cuban, Maxica 2XXNO Specifi		Ican, atc.)		Specify	White, etc.		
&	- 11	3 Widowed 4 Divorc	ed :						XX	,			9,000,	whit	e
1 6	3 [DENT'S EDU		16e,	DECEDENT'S	USUAL OC	CUPATIO	ON	16b.	KIND OF BUS	SINESS/IND	DUSTRY		
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once.		17, FATHER'S NAME (First, Mide	lette di essili		ope										
5 5	3		,						16. MOTHER'S NA			Sumame)			
B #	, J.	Ledrue Ri					-		Louis						
		19e. INFORMANT'S NAME (Typ							nd Number or Rural						
2 F		Mary Elle	n Rit	ter		6620	Wash	ing	ton Blvd	., Lo	t 14.	Elkr	ridge	. Md.	21227
examiner must be notified at once.		20a. METHOD OF DISPOSITIO			20b. PLAC	E AND DATE	OF DISPOSE	TION (Ne	me of	DATE	20c. LO	CATION	City or Tow	n. Stata	
uns		1 N Buriel 2 Cremetion 4 Donetton 5 Q Other (S		oval from Stata	Cemetery.	cremetory or o	ther place)	mOr.	ial Park	9/24/	94 611	nida	o. Mo	1	
20	╟	21. SIGNATURE OF FUNERAL		ENGER / 2	Tricau	OMITA	30 110	HAME AL	TOT TOTAL	OH PEN	LIN	.i iug	e, no		
E			JENVIOL EIG	7	. /	Gary L. Kaufman Funeral Home of Elk., I									Inc.
exa	ij	>/~ a	41 1	4-1-0-	The same		56	95 N	Main St.,	Flk	anhir	Md	212		11101
	7	23. PART I. Enter the dis-	esses pr	complications the	t caused the	e death. Do not enter the mode of dying, such as cardiac or resolvatory expect.								1	
9	- 1	shock, or hee	ert fallure.	List only one cau	se on each II	ins.	.01 011101	tivo mo	de or cynig, adc	ar as caro	oc or respi	ratory or	rest,		i Between
0	H	IMMEDIATE CAUSE (Fine	d		DIT ONE		7 00							Onset	and Death
5		disesse or condition resulting in death)	•	e. OAT C.	CAL CAL	RCINOMA OF THE LUNG									
event, the medical		,		DUE TO	(OR AS A CONS	INSEQUENCE OF):									
2 Z				h											
or other traumatic	2	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CONS	SEOUENCE OF	EQUENCE OF):								
ta A		cause. Enter UNDERLYIN	IG												
F F	4 III	CAUSE (Diseese or Injury	V .	DUE TO	(OR AS A CONS	SEOUENCE OF	E OF):						+		
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리늄		thet initieted eventa resulting in death) LAST													
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E 0	3	resulting in death) LAST	l	d	deeth but no	t resulting	n the un	derlying	g ceuse given in	Pert I.	PERFOR	MED?	1	AVAILABLE PR	OR TO
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ITEMS: 23 PART I, 27, PER MEO FILM G-716 10/13/94 t.t Item4, Film71619,4,94,lt

94 28215

		1 - STATE REGISTRAR	STATE UF N	MAKYLA	AND / DEPAR CERTIF					ENTAL HYGIE REG. N			
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEA								TIME OF DEATH			
		LARRY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis.)			In yrs. last birthday)	REDD			UNDER 24 HRS. 7. OATE OF BIRTS		22 Y54		10:23 PM
		220-64- 335 2	1 🙀 M 2 🗆 F		38 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 8-23-	56	Country MD	NCE (State or Poreign
3 should	_	9e. FACILITY NAME (If not institution, give si				9b. CITY, TOWN OR LO					9c. COUN	TY OF DEAT	гн
sit permit. Pages 1, 2,	СТОВ	GOOD SAMARITAN		BA	LTIN	ORE	CIT	Y					
	2	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION BALTO							d. INSIDE CITY		
	IL DI	100. STREET AND NUMBER				101. ZIP CODE					Tan CITIZ		X YES 2 NO
	ERAL		PRING LA	ANE				212				S.A.	I COUNTRY?
5-0020 nding physician. is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN	2X NO	2 NO If yee, specify Cuben, Maxican, Puerto Rice					Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK		
affe as	ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY											
D 21	COMPLET	Elementary/Secondary (0-12) 12TH	life. Do NOT u	life. Do NOT use retired.)			9	UNION MEMORIAL HOSP.					
be retained by the ge 5 should be det	BE CO	17. FATHER'S NAME (First, Middle, Lest) LUTHER REDD		18. MOTHER'S NAME (First, Mic ESSIE MAE						iddle, Maiden Sumame) SAULS			
	10	190. INFORMANT'S NAME (Type/Print) TAMMY REDD	1621	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1621 E. COLDSPRING LANE BALTO, MD 21									
ne 6 m		20a. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Remo			PLACEANODATE				K	DATE 200.	NDALL		
death. e funera e tunera e.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE											
within semours pletely filled in to cremation, or re-		23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiretory erreat, ahook, or heart failure. Liet only one ceuse on each line. Approximate interval Batween Onset and Death											
P.O. BOX 65. th certificate be execu- ending physician and I Hygiene prior to bur or other traumatte	MEDICAL CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d											
quires that the n signed by the Health and M ows any Inju		PART II. Other significent conditions contributing to death but not resulting in the underlying cause give						lven in Pa	PERF	PERFORMED? AVAIL COM OF D		ERE AUTOPSY FINDINGS AILABLE PRIDR TO MPLETION OF CAUSE DEATH? YES 2 NO	
has has	SICIAN:	DID TOBACCO USE CONTR	LIBUTE TO CA		F DEATH YE			UNC	ERTAIN			<u> </u>	
SICIAN: The certificate I the State I, or item	SICI	EXAMINER?	HOSPITAL:			OTHE	R:	5 □ Re	eldence 8 [Other (Snecify)			
NG PHYSICIA fler this certif eath with the	РНУ	27. MANNER OF OEATH	28a. DATE OF (Month, De	INJURY	28b, TIM	IE OF JURY	RY WORK?			1-7-17	ESCRIBE HOW INJURY OCCUREO		
DR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Six Item 28 Is marked, or It	ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined					of, tactory, office 28f. LOCATION (St.			8f. LOCATION (Stree City or Town, Sta	eet and Number or Rural Route Number, ate)		
AL DR AL DIRE	COMPLET	29e. CERTIFIER (Check only one) 2 X MEDICAL EXAMINER											
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If		2X MEDICAL EXAMINER: On the beats of examination end/or investigation, in my opinion 29b. SIGNATURE AND TITLE OF CERTIFIER							29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)				
E S S S S S S S S S S S S S S S S S S S	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin				Print)	O.C.M.E. ► SEPT 23,1994						23,1994
		MAY MADO A.	COREGISTRA	LMM?	111 F		Sti	reet	, Ba	ltimor	e, Max	cylar	nd 21201
	- 1	JET 2 6 1334	MAN CO DO PORTOR	- Many	agram of								

FOR 1 . STATE

			REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.				
		F	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH		
		,	David M.	S	immons			MONTH	. 23 1	994	0732	s	
	1		4, SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Sept.	RIPTH		PLACE (State or Foreign		
			217-54-1074	1 XM 2 - F	44 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Di		Country,)		
should		ľ	9e. FACILITY NAME (If not institution, give si			96. CITY, TOWN	OR LOCATION OF DI		6/1949	NTY OF DE			
क	<u>«</u>								3 000	THE OF DE			
1, 2,	CTOR		720 Bethnal RESIDENCE OF DECEMENT	Road		Balt	imore					_	
Pages	ļ j		10e. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
£.	DIRE		MD			RAT T	IMORE				LIMITS?	M oreign NO Inc.	
permit.	A A		10e. STREET AND NUMBER				f. ZIP CODE		10g. CIT		HAT COUNTRY?		
. usit	EB		720 BETHNAL F	ROAD			21229				USA		
020 physician, burlal-transit	FUNERAL		11, MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	VIC ORIGIN? (S	pecify Yee or No-	14. RACE	- American Indian.	_	
		FI	1 Never Married 2 Merried	FORCES? 1 YES		If yee, sp 1 ☐ YES	ecify Cuben, Mexica 2 NO Specif		n, etc.)	Black, Specify	White, etc.		
215-0020 attending physic use as the burial	BY	- 11	3 Widowed 4 Divorced				X						
	윤		15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATION		16b. Kill	D OF BUSINESS/INC	JUSTRY	LACK		
0 =	ᄪ		Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)							
AND the hospital detached to	a d P				HANDY	MAN							
A deta	COMP		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	le, Meiden Surname)				
	m m		CLARENCE SIMM	ONS, SR.			EVELY	McC	UTCHEN				
MAR retained 5 should	TO B	- 11	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number,	City or Town, State, Zip	Code)			
			EVELYN S. McCOY		720	BETHNAI	RD. BA	ALTO,	MD. 21:	229			
F & B	st be		20e. METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	20h	PLACE ANO DATE	OF DISPOSITION (N	ame of	OATE	20c. LOCATION —	City or Tow	n, State		
MOF age 6 n director,	HILST HILST	1	4 Donetion 5 Other (Specify)	cen	GREENM	DUNT CF	REMATORY	Z	BALTO	MD			
ALTIM death, Page funeral dire	examiner	I	21. SIGNATURE OF FUNERAL SERVICE-LIC	ENSEE		22 NAME A	ND ADDRESS OF FA						
AL Jeath fune	Eex	1	Joseph I Doseph L. Russ Puver Al Home										
~ - 2 2		+	23. PAST I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cerdiac or respiratory arrest, Approximate										
ST FE SE	medical	Ĭ	ehock, or heart failure.	Liet only one ceuse on e	ach line.	not enter the mo	ae or aying, suc	n ee cerdiac	or respiratory an	est,	Approximate interval Batwee	n	
e e e	2	1	IMMEDIATE CAUSE (Final disease or condition	0	-4.0.0						Onset and Deat	Provided No. 10 Provided No. 1	
within within pletely fill cremation	event, t		resulting in death)	LIBON	ONID								
B 6 -	8	1		DUE TO (OR AS A	CONSEQUENCE O	F):							
executed within and complete o burial, crem	Madic ION		Sequentielly list conditions,)	COMPENSATION OF								
or the	RTIFICATION		if any, leading to immediate cause. Enter UNDERLYING										
certificate ding physi	취임		CAUSE (Disease or injury	OUF TO (OR AS A	CONSEQUENCE O	D:							
Hygier C	TIF		thet initieted events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
the atten	9 111	1		l							1	-0-	
that the death ed by the attent and Mental			PART II. Other significant condition	contributing to death b	ut not recuiting	in the underlyin	g cause given in	Part i. 24	. WAS AN AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	s	
that the sed by a sed by a	DICAL	PERFORMED? AN CO CO CO CO CO CO CO CO CO CO CO CO CO							AVAILABLE PRIOR TO COMPLETION OF CAUSE				
Signi Signi	MED	1						_ ''	SPIES 2 NO		OF DEATH?		
Ted Leg			DID TOBACCO USE CONTR	PIRLITE TO CAUSE O	E DEATH VE	S D NO D	LINICEDTAIN				1 YES 2 NO		
AL has Dep	SICIAN:		25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEA			<u> ч </u>				\dashv	
N: Th	SIC!		EXAMINER? 1 XX YES 2 □ NO	HOSPITAL:		OTHER:	ne 5X Residence	-0					
SICIA	입 수		27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM		IURY AT		BE HOW INJURY OC	CUBED		\dashv	
五 智		ŀ	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO	EGG. DEGGIA	be now indom our	JONED		no, and a second	
After			2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY	- At home, farm,			28f LOCATIO	N (Street and Number	or Burni Bo	utte Mumber	\dashv	
afer 10 P			4 Homicide 8 Could not be determined	building, atc. (Spec	cify)			City or To	wn, State)	or riarar rior	no remodi,		
	E E	ŀ	29e. CERTIFIER			0000 in 100						4	
¥ ¥ 2:	E E		(Check only	CIAN: To the best of my know									
THE HOSPITAL THE FUNERAL filed within 72	COMPLETE		2 MEDICAL EXAMINE	R: On the beele of examination	n end/or investigation	on, in my opinion, d	leath occured at the	time, date end	plece, end due to th	e ceuse(e)	end menner ee stated.		
THE H	BE CO		29 . SIGNATURE AND TITLE ON CERTIFIER	01 10			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
5 5 3	10	L	Mollante Une	mill			O.C.M.E.			Sept. 23 1994			
	-		30. NAME AND ADORESS OF PERSON WHO	1100								٦	
		L	HISHIDAMS D	MURENIM	2111 P	enn St	reet, B	altim	ore, Ma	ryla	nd 21201		
			31. SEP 2 6"1994"	32. REGISTRAR'S SIGN	ATURE							7	
	1	- 10	/		-							- 1	

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the internal manual part in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DATE SILED (Month, Day, Year) SEP 2 6 1994

		FOR STATE REGISTRAR	STATE OF I	MARYLAND /		IMENT (IYGIEN REG. NO.	E	E top	
		1. DECEDENT'S NAME (First, Middle, Lest)	William				2. DATE OF DEATH DAY YEAR SCOT 21. 1994			YEAR	IME OF DEATH		
		4. SOCIAL SECURITY NUMBER 213 ≈ 03 ≈ 0501	5. SEX 1 M 2 F	1 № M 2 □ F 80 YRS.			1		7. DATE OF BIRTH (Month, Day, Year) JULY 19,		1914 BIRTHPLACE Country) MOUTYLE		E (State or Foreign Land
	TOR	98. FACILITY NAME (If not institution, give st 2825 ROSS AVENUE RESIDENCE OF DECEDENT				9b. CITY, TO		emere	ath sc. county of de Baltin				ie
	FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimo	ore	10c. CITY	, TOWN OR L	OCATION	Edg	emere	emere			INSIDE CITY LIMITS? YES 2 NO
		2825 ROSS AVENUE		21219					in of what rited	COUNTRY? States			
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 💢 Widowed 4 Divorced	TEVER IN U.S. AR	NO NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxicar 1 YES 2 NO Specify			n, Puerto Rica	n, Puarto Rican, etc.)			white	
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	+) (G	ive kind of w Do NOT use	ork done duri retired.)	SUAL OCCUPATION rk done during most of working retired.) 2.NANCE			166. KIND OF BUSINESS/INDUSTRY Baltimore County Public Schools				
d at once	BE COMPL												
e notifie	TO	190. INFORMANT'S NAME (Type/Print) LOIS M. TURNER		19b. MAILING ADDRESS (Street and Number of					1 Route Number, City or Town, State, Zip Code) 1 Nold, Maryland 21012				
r must b		20e, METHOD OF DISPOSITION 1											AD.
medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222										Ck, Inc.	
nt, the medica		23. PART i. Enter the diseases, Dr complications thet ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (OR AS A/CONSEQUENCE OF): Due to (OR AS A/CONSEQUENCE OF): Approximate Interval Batween Onset and Death Onset and Death											
atic eve	NO	Sequentially list conditions,											
or other traumatic event, the	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (OR AS A CONSEQUENCE OF):											
ury, or oth	CERT	0.											
shows any in	: MEDICAL	PART II Other algnificent canditions contributing to death but not resulting in the underlying cause given in Part I. Churc obstructive full plane and the case 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
item 23	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:											
ked, or	ВУ РНУ	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home State Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO YES 2 NO YES											
8	ETED E	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE C building,	of INJURY — At ho	ma, term, at	treet, tectory,	office			(Street above, State)	Number or	. 1	HLTO MD
ITANT: If Item 28	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI											manner as stated.
III PORT	D E	J. C. LICENSE NUMBER DO 7632 29d. DATE SIGNED (Month, Day, Year) P 9 - 22 - 94											
	7	30. NAME AND ADDRESS OF PERSON WHO	SW BURN			Print)	ALK	A	VE	BA	-470	mi	21222

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-716 10/5/94 t.t.

		1 - STATE REGISTRAR	STATE OF MARY					EALTH AN		AL HYGIENI REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last)			-				2. DAT	E OF DEATN		3.	TIME OF DE	ATN
			elena Stev			(SI	MITH	I)	SĒ	Рт 2°3	9	YEAR 8	3:05	P.M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last	M	ONTHS	1 YEAR DAYS	HOURS M	(Mo	E OF BIRTH oth, Day, Year)		Country)	VCE (State or	Foreign
pinc		2.13-84-4620 9a. FACILITY NAME (If not institution, give	A	32.	YRS.	The COUNTY	701171 0	R LOCATION O	_	-1562		Md		
3 should	E E	2730 HUNTINGDO	ŕ		- 1			ORE (7.4		9c. COUNT	Y OF DEAT	н	
1, 2,	5	RESIDENCE OF DECEDENT							V 1 1 1					
Pages	DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY,							100	d. INSIDE CIT LIMITS?	ΓY
020 physician. burial-transit permit. Pages 1,	1	10e. STREET AND NUMBER	-		Dal		ore (ZIP CODE			10a CITIZE		YES 2 T	
nsit pe	FUNERAL	2730 Huntingdon	ι Δτο				10	2121	1		iog. Office	USA	COUNTRY	
O Sician ial-tra	5	11. MARITAL STATUS	12. WAS DECEDENT EVER			13.	WAS DECI	ENDENT OF N	SPANIC ORIG	IN? (Specify Yea	or No- 1	4. RACE —	American Inc	dian,
5-0020 nding physic is the burial	ВУР	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE		J			city Cuban, Ma 2 NO S		Ricen, etc.)		Black, W Specify:	White	te
15-0 tending		15. DECEDENT'S EDU	JCATION	16a, DEC	EDENT'S US	I O	CUPATIO	M	140	b. KIND OF BUS	INESC (INDIA)	PTOW	71111	
2121 ai or atter for use a		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Giv	e kind of wor Do NOT use	k done d	during mos	t of working	"	B. KIND OF BOS	INESS/INDU	SIRT		
Spital Shed f	COMPLETED	12		Ass	sembly	7				Factor	СУ			
YLAND 212- by the hospital or att be detached for use at once.	8	17. FATNER'S NAME (First, Middle, Last)	0 111					16. MOTNER"	S NAME (First,	Middle, Maiden	Sumame)			
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	Alfred Fillmor	e Smith					Patr:		Pois				
MAR e retained 1 5 should notified	임	19a. INFORMANT'S NAME (Type/Print) Donald Smith								nber, City or Town		-	0101	2.1
A E, ay be page		20a. METHOD OF DISPOSITION		Ob. PLACE AI					LK AVE	. Balt	CATION — CH			31
FOR TOR		1 🖾 Buriel 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗀 Other (Specify)		metery, cen					9-2		Ltimor			
BALTIMORE, ter death. Page 6 may b the funeral director, page yval.		21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE	1		22.1	NAME AN	D ADDRESS O	F FACILITY	neral H	Iomo	,		
BAL er deatl the fun val.		Wath loon	14.11.101	ber						• Balto		212	31	
nours at d in by or remo		IMMEDIATE CAUSE (Final	complications that caus List only one cause on	ed the dee each line.	th. Do not	enter	the mod	le of dying,	such as ce	rdiec or respir	atory erres	et,	Approxin	Between
d within ompletely fille i, cremation, event, the		diseese or condition resulting in death)	. NARCOTIC II											
cecuted with and complete o burial, crem			DUE TO (OR AS	A CONSECU	JENCE OF):									
68 and and bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS	A CONSEQU	JENCE OF):									
BOX ate be e	CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C.											
DS, P.O. BC the death certificate the attending physic d Merrial Hygiene phi injury, or other tr	TIFI	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEOL	JENCE OF):									
S, P.O. I te death certifica the attending ph Mental Hygiene Ijury, or other	CER	resulting in death) EAST	d											
The of th	CAL	PART II. Other significant condition	ns contributing to death	but not re	sulting in	the un	derlying	ceuse give	n in Part i.	24a, WAS AN			RE AUTOPSY I	
S that the need by airth and any in										PERFORI 1 TYES 2		COI	ILABLE PRIOF MPLETION OF DEATH?	
RECC requires been signed of Health	MED												YES 2	NO
S b s b	SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE					UNCERT	AIN 🗆					
VITAL IAN: The law tificate has e State Dep	SCI	EXAMINER? 1 XYES 2 NO	HOSPITAL:			THER	1:							
OF VITA PHYSICIAN: The this certificate ha with the State D with the State	-	27. MANNER OF DEATN	28a. DATE OF INJURY	y	26b. TIME C	OF	28c. INJU			er (Specify) SCRIBE NOW IN	JURY OCCU	RED		
NG PHYS frer this ceath with marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 9-23-94	,	FOUNDUR 7:30	PM	1 N	IK? ES 2 XXNO	UNKN	OWN				
0 5 4 5 1		3 Suicide 6 XXCould not be	26s. PLACE OF INJUR building, stc. (Sp	RY — At hom	e, term, stre	et, facto	ory, office		26f, LO	CATION (Street ar	Number or	Rural Route	Number,	MILIE
VISI ATTEN ECTOR: rs after m 28 is		4 Nomicide determined			D: HOME				BALT	IMORE CI	Y, MAR	YLANO	UN AVE	NUC
DIV AL OR A AL DIREC 2 hours It item	COMPLET		ICIAN: To the best of my kno											
OSPIT JNER Ithin 7	ő	X) MEDICAL EXAMINE	ER: On the basis of examinati	ion and/or im	vestigation,	in my o	pinion, de	ath occured at	the time, det	a and place, and	due to the	cause(s) and	l manner aa	stated.
TO THE HOSPITAL OF THE FUNERAL DE filed within 72 he important; it is	BE	290. SIGNATURE AND TITLE OF CERTIFIE	()					O.C.N			29d. DATE S	BIGNED (Moi	nth, Day, Year)	9.1
₽ ₽ ₽ 3	2	30. NAME AND ADDRESS OF PERSON WA	IO COMPLETED CAUSE OF D	EATN OTEM	27) (5 2-	intl		0.0.1	1 • 🗀 •		DE	1ET 7	, 4 , 19	J4
		Amonx			,	,	Stre	et,	Balti	more,	Mary	land	212	01
1	1	31. ONE PREDOMONIAGON	32. REGISTRAN'S SIG			_		-						

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2 DATE O	E DEATH

		1 - STATE REGISTRAR)F MARYLAND / Ce		TMENT				IENTAL HYGIEN REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DA		YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	3 9	a BIRTNPL	ACE (State or Foreign
D		216-20-8563 10M25		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	23	Country)	40
2, 3 should	œ	9e. FACILITY NAME (If not institution, give street and number			9b. CITY,	TOWN O	R LOCATIO	ON OF DEA			NTY OF DEA	TN
1, 2,	010	BON SECOND HO	Pitel		<u> </u>	21/1)					
Pages	DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN O	R LOCAT	ION					d. INSIDE CITY LIMITS?
permit. Pages 1,		10e. STREET AND NUMBER	01		1110	101.	ZIP CODE			10g. CIT	TIZEN OF WHA	YES 2 NO
ian. transit	FUNERAL	4110 Wentworth	ILU			\perp	_	207			4.	s.A
ding physic the burial-	B⊀	1 Never Married 2 Merried FORCES	EDENT EVER IN U.S. ARI 1 YES 2 N IVE WAR OR DATES		1	f yes, spe		n, Mexican	C ORtGIN? (Specify Yes , Puerto Rican, etc.)	or No—	14. RACE — Black, V Specify:	American Indian, Vhite, etc. 3/ack
be retained by the hospital or attending physician, ge 5 should be detached for use as the burial-transit e notified at once.	APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(Gi		USUAL OC work done of se retired.)			g	Baltina			School
ed by the hould be detach	BE COMPI	17. FATHER'S NAME (First, Middle, Last) Oh (Ver Sturg)s					Ac	te	E (First, Middle, Maiden Allen	Surname)		
y be retained lage 5 should be notified	2	190. INFORMANT'S NAME (Type/Print) Ernest Wayne S	tokes 198	131	2 U	Street	nd Number	or Rural Ro	Ba Ho,	n, State, Zi	p Code)	21207
iours after death. Page 6 may be d in by the funeral director, page or removal.		20e, METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Removal from Star 4 Donation 5 Other (Specify)	20b. PloACE A cemelery, cree		ther plage!	TION (Na.	me of Pa	rte	928/94 20c. LO	cation -	City or Town	, State
death. Page tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/	7 401-		NAME AN	D ADDRES	S OF FAC	ILITY T		100	
fter dear the fun loval.		Dala M	arch		17	an	ch !	430	a wa	bast	h Ac	e
ted within cours after completely filled in by th ial, cremation, or remove event, the medical		23. PART i. Enter the diseases, or complication shock, or heart feliure. List only one iMMEDIATE CAUSE (Final disease or condition resulting in death)	Peum () E TO (OR AS A CONSEC	ne fre	S	the mod	de of dyi	ng, such	es cerdiec or respi	ratory er	rest,	Approximeta interval Between Onset and Death
th certificate be execuenting physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Chabetes E TO (OR AS A CONSECT CHAPTER TO (OR AS A CONSECT CHAPTER TO (OR AS A CONSECT CHAPTER TO (OR AS A CONSECT TO (OR AS A	UENCE O	n: Uce	res V	Jack	ruel	typle con	plic	ahnu	
the death y the atte id Mental Injury,	CAL C	PART II. Other algnificent conditione contribution										ERE AUTOPSY FINDINGS
w requires that the been signed by of Health and shows any Ir	MEDI	malabsorp				1		/	PERFOR		Ci Oi	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
has be Dept.	PHYSICIAN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UIE IO CAUS	E OF	DEAT		ACE OF D	NO FATN (Chec	ck only one)			
SICIAN: The certificate h the State if, or Item	YSIC	EXAMINER? 1 YES 2 NO LIGHTA	2 ER/Outpatient 3	□ DOA	OTHER	1:			Other (Specify)			
Her this ce death with the	ву Рн	1 Natural 5 Pending (Mo	TE OF INJURY nth, Day, Year)		JURY M	1 🗌 Y	RK? 'ES 2		28d. OESCRIBE HOW I	NJURY OC	CUREO	
李育 元	ETED	3 Suicide a Could not be determined	CE OF INJURY — At hording, etc. (Specify)	ne, farm,	street, fact	ory, office			28t. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Rou	te Number,
HOSPITA OF A FUNERAL BE Within 72 house TANT: II item	COMPLE	29e. CERTIFIER (Check only 0 2 MEDICAL EXAMINER: On the bell										nd manner ee stated.
TO THE HOSPITO TO THE FUNERA De filed within T	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER MOGES GEBIE MOST	1	zh)	Keli	m	29c. LICE	NSE NUM	DER	29d. DAT	7/23/	onth, Day, Yeer)
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED MOSCS GOBRE MARAY	4660 Wil	1/	, Print)	Long	20 ?	Ba	lto mo	1 2	1229	
		CED 0 0 1004 4	STRAR'S SIGNATURE		ž.							

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of liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	for STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last) ADELIA	RUTH	SHEL	DON		2. DATE OF DEATH MONTHS P 24	1994 YEAR	3. TIME OF DEATH 9:10 pm		
	216-24-3343	1 □ M 2 □XF 82	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-12-19	Coun	HPLACE (State or Foreign try)		
OR	9a. FACILITY NAME (If not institution, give stre Saint Joseph Hospit			BON, MARY		9c. COUNTY OF DEATH Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY		
L DIR	Maryland NA 10a. STREET AND NUMBER		Bal		(Brooklyı	n)		LIMITS? XX YES 2 NO		
FUNERAL	949 Jack S	treet,		101	2122	5		WHAT COUNTRY?		
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Number Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	If yes, sp	ENDENT OF HISPAN acity Cuben, Maxicai 2X NO Specify	IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	Blac	E — American Indian, k, Whita, atc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade	ATION ompleted) College (1-4 or 5+)	Recreati	ork done during mo retired.) on Lead	st of working	186. KIND OF BUS				
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Malden	,			
BE	John Hen	ry	Zinkhan			Clara Pot		11		
임	Mr. Benjamin J. S	heldon, Jr.				ive, Poute		32082 each, Fla		
	20e. METHOD OF DISPOSITION 1 Description 2 Company Com	200	DI ACE AND DATE O	EDICOCCITION (A)						
	4 Donation 5 D Other (Specify)	Kevin E.	Ecker	Mattory 22. NAME AN	, INC. 9	/26/94 Ca	tonsvill	e, Maryland		
	· Le (1/2	Kevill L.	LUNCI	McCul 237 E	ly Funera Patapso	Home of	Brookly alto., M	n d. 21225		
	23. PART I Enter the diseesee, or co shock, or heert failure. Li	implications that caused ist only one cause on ea	the deeth. Do no	ot enter the mo	de of dying, such	n es cerdisc or reepi	ratory errest,	Approximate Intervel Between		
	iMMEDIATE CAUSE (Finsl disease or condition resulting in death)	ACUTE MYO	CARDIAL II	VEARTION	ı			Onset and Death		
Ì	s.	OUE TO (OR AS A	CONSEQUENCE OF):						
NO.	Sequentially list conditions, b.	OUE TO (OR AS A	THEROSCI CONSEQUENCE OF							
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initisted events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF);						
	d.									
DICAL	PERFORMED? AMAIL							AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?		
INSICIAN: MEDIC	DID TOPACCO LISE CONTRI	DUITE TO CALIEF O	DEATH VE		LINICEDTAIN			1 - YES 2 NO		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
EXAMINER? 1 YES 2 NO NO NO NO NO NO NO										
1 Natural 5 Pending 286. IME OF 18JURY AT 286. INJURY AT WORK? 286. INJURY AT WORK?						JURY OCCUREO				
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28c. CERTIFIER (Check only one) MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated.										
							s) end menner as stated,			
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TO BE	Jeoga V	· 1 DHer	· /	+)	D34343		►9/2Y	1194		
	GEORGE BITTAR M.	D., 7620 YORK	TH (ITEM 27) (Type, I	OWSON, N	MARLAND :	21204	1			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S GIGN								

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIR	ENI
CERTIFICATE OF DEATH REG. N	VO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE	1 3 b		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEAD	3. TIME OF DEATH	
	ANN E			HARF		09 24	9 YEAR	01:30 PM M	
	220-12-5003	1 M 2 F 8	6 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Country	PLACE (State or Foreign) ZLAND	
TOR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COU								
DIRECTOR	10a. STATE 10b. COUNTY	ARUNDEL	10c. CITY,	TOWN OR LOCAT	BURNIE			10d. INSIDE CITY	
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WI	1 YES 2 NO	
ER/	514 KINTOP ROAD)			21061		U.S.A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	It yes, sp	ENDENT OF HISPANI polity Cuban, Mexican 2 NO Specify:	IC ORIGIN? (Specify Yeard, Puarto Rican, atc.)	or No— 14. RACE Black, Specify WH J	— American Indien, White, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo	N st of working	16b, KIND OF BUSI			
2	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	HOUSE			HOMEM	1AKER		
Ş O	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	ME (First, Middle, Maiden S	urname)		
BE (WILLIAM H. WILS	ON				. KNIGHT			
2	19a. INFORMANT'S NAME (Type/Print) PHILIP F. SCHAR					oute Number, City or Town, EN BURNIE		.061	
	20s. METNOD OF DISPOSITION 1 Buriet 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	ral from Stata 20b.	PLACE AND DATE OF LETY, Crematory or othe LETY				ATION — CITY OF TOW EN BURNI		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Iman	22. NAME AN	DADDRESS OF FAC		ERAL HOM	Æ 21061	
AN: MEDICAL CERTIFICATION	DID TOBACCO USE CONTRI	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A COntributing to death be BUTE TO CAUSE O	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in	the underlying	cause given in F	Part I. 24a. WAS AN AI PERFORM	UTOPSY 24b. 1	Approximate Interval Between Onsat and Death 3 WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? OTHER:									
BY PHYSICIAN:	1 VES 2 ND 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	atlent 3 DOA 4	lemt 3 DOA 4 Nursing Home 5 Raeldence 28b. TIME OF RAUGHY AT WORK? M 1 YES 2 NO - At home, term, street, factory, office			JURY OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
TO BE COMPLETED	29a. CERTIFIER (Check only MEDICAL EXAMINER: On the basic of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATOR: USE TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yellow) 3 / 1 4 4 9 9 - 25 - 9							Month, Day, Year)	
	HAROLD G. HEBARD	M.D./4710		ON AVEN	UE/BALTI	MORE, MARYI		.6	



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) SUYAN TRAN						TE OF DEATH	"23 1 <u>9</u>	359 4	3. TIME OF DEATN 1:42A M
	4. SOCIAL SECURITY NUMBER 5.78-21-0163 9a. FACILITY NAME (If not institution, give s	1 X M 2 □ F 74	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7º-	re of Birth onth, Day, Year) 12-20		Vie	LACE (State or Foreign
DIRECTOR	THE JOHNS HOPKINS	S HOSPITAL		ү		9c. COUNT	Y OF DEA	ATN		
	10a. STATE 10b. COUNTY Delaware Suss 10a. STREET AND NUMBER			eaford	Of, ZIP CODE				1	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Rt 2 Box 357				19973			U.S.		HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12, WAS DECEDENT EVER IN U. FORCES? 1 _ YES 2 IF YES, GIVE WAR OR DATE:	. ⊠NO	If yes, s	CENDENT OF NISPA pecify Cuban, Maxic S 2 X NO Speci	an, Puar			Black, Specify:	- American Indien, Whita, atc. : :amese
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 VYS	CATION 18 completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	usual occupat vork done during n e retired.) ment Wo	ost of working		Vietnam			nment
BE COM	17. FATHER'S NAME (First, Middle, Lest) Unknown	1	337321			AME (Firs	t, Middle, Maiden Unknown	Surname)		
5	19a. INFORMANT'S NAME (Type/Print) Tho Pham				and Number or Rural Seaford				ode)	
	20s. METNOD OF DISPOSITION 1	oval from Stata Cegneter H11.		Proposition (Interplace)		1 -	20c. LOC 24 TOWS	cation – ci		n, Sfata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory errest, Approximate									
	shock, or heart failure.	complications that caused the List only one cause on each	e deeth. Do n							Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardio DUE TO (OR AS A CO	Pach INSEQUENCE OF	A	nbest					Oneat and Death
CERTIFICATION	Sequentielly liet conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	b. Secur DUE TO (OR AS A CO			tey Di	ડે ૯વ	Q			yrs-
AL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 NO OF PATH?								WAILABLE PRIOR TO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF I	DEATH YE	s □ NO [UNCERTAI	N Ø			1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) COTHER: 1 Inputant 2 ER/Outpetlent 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)										
ву Рну	27. MANNER OF DEATH Natural 5 Pending Recident Investigation	289 DATE OF INJURY (Month, Day, Year)	28b. TIMI	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO			ESCRIBE NOW IN	IJURY OCCU	RED	
							nd Number of	Rural Rou	ute Number,	
COMPLETED		CIAN: To the best of my knowledg								and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF THEIER	uso MD.			29c. LICENSE NU M7S7			29d. DATE :	33 - C	Month, Day, Year)
		10 to 642	Wol wal		et Bc	elh	hare	MD	21:	287
	31. DATE FILED (Month), Day Year SE P 1994 July Series Red July Series Reserved									

DIVISION OF VITAL RECORDS, P.O. BOX 68760, PACATENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	to compresso, from all to the idition wherever, page 3 should be deadarded for use as the Duttal-HailSit petriff.	be retained by the hospital or attending physician.	, MARYLAND 21215-0020
DF VITAL RECORDS, P.O. BOX 68760, SALTIMORE, VSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be scrifficate has been signed by the attending physician and completely filled in by the funeral director, page	to compressly fined at by the folleral unectur, page	ŏ	
YSICIAN: The law requires that the death certificate be executed with ours after death secrificate has been signed by the attending physician and completely filled in by the tuner	with complete of the officer	. Раде 6 тау	LIMORE
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	NIN.	ATTENDING PHYSICIAN: The law	VISION O

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last		orek				DAY YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs last hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreig	
	219-03-2777		89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	and property in the	ryland	
N.	9a. FACILITY NAME (If not institution, given Church Hospital				imore	EATH	9c. COUNTY O	F DEATH	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		400 CITY	, TOWN OR LOC					
DIRE		ltimore	100. 611	, TOWN ON LOC	Allon			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
TAL	10e. STREET AND NUMBER				IOI. ZIP CODE	1		OF WHAT COUNTRY?	
FUNERAL	7216 Bridgewood	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DI	21224	HIC ORIGIN? (Specify Y	USA ea or No — 14. B	ACE — American Indian	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, :		en, Puerlo Ricen, etc.)			
TED	15. DECEOENT'S E (Specify only highest gra	ade completed)	18a. OECEDENT'S 1 (Give kind of w life, Do NOT use	ork done during r	TION most of working	16b. KIND OF B	USINESS/INOUSTR		
IPLE	Elementary/Secondary (0-12)	2Years	Bark			Hair	Styling	3	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide			
BE	Simon Two	rek	10h MAII INC	ADDRESS (Street		Josephine Andrush			
7	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert Armentrout 7216 Bridgewood Rd. Baltimore, Maryland 212								
١,	20a. METHOD OF DISPOSITION 1								
	4 Donation 5 Other (Specify) 21. SUSNATURE OF FUNERAL BERNICE	-	Greenmou	nt Crem	atory		ltimore	Maryland	
	(A)	13/11		Davi	d J. Web	er Funeral	Homes	Managana	
	23. PART I. Enter the diseases of	or complications that cause	ed the deeth. Do no					Maryland	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Tscher	A CONSEQUENCE OF	Heur	t fai	ilure		Onset end	
ERTIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST oue to (or as a consequence of):								
: MEDICAL	PART II Other significant conditions to Nofy 2	Artery	but not reculting in	n the underlyl	ng ceuse given in	Part I. 24a. WAS A PERF(ORMED?	AVAILABLE PRIOR T COMPLETION DF CA DF DEATH?	
MEDIC	2 25. WAS CASE REFERRED TO MEDICAL	Artery !	but not resulting in	R	ng ceuse given in	PERFO	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CA DF DEATH?	
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DNO	NOSPITAL: 1 Vinpatient 2 - ER/Ou	DISCUS	26. OTHER:		PERF(1 YES	ORMED?	AVAILABLE PRIOR T COMPLETION DF CA DF DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL: 1 Vinpation 2 ER/Ou Pea. DATE OF INJURY (Month, Day, Year)	otpetlant 3 DOA	26. OTHER: 4 Nursing Hc OF 28c. II	PLACE OF OEATH (C) ome 5 Residence NJURY AT ORK? YES 2 NO	PERF(1 YES	PRMED? 2 NO	AVAILABLE PRIOR TO COMPLETION DF CA DF DEATH? 1 YES 2 No	
TED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (T) NO 27. MANNER OF DEATH 1 Natural 5 Pending	NOSPITAL: 1 Vinpstism 2 ER/Ou 1 Vinpstism 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Sp	otpetient 3 DOA 28b. TIME	26. OTHER: 4 Nursing Hc OF 28c. II	PLACE OF OEATH (C) ome 5 Residence NJURY AT ORK? YES 2 NO	PERF(1 YES heck only one) 8 Other (Specify)	PRIMED? 2 NO 7 INJURY OCCUREE	AWILABLE PRIOR T COMPLETION DF C/ DF DEATH? 1 YES 2 N	
OMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	NOSPITAL: 1 Vinpstism 2 ER/Ou 1 Vinpstism 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Sp	ripetiant 3 DOA 29b. TiME INJU	26. OTHER: 4 Nursing Ho OF 28c. II WHY M 1 Ireet, factory, off	PLACE OF OEATH (C	PERF(1 YES 1 YES 1 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Street City or Town, State a to the cause(a) and m	r INJURY OCCURED t and Number or Ru anner as stated.	AVAILABLE PRIOR T COMPLETION DF CA DF DEATH? 1 YES 2 Ni Note Number,	
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	NOSPITAL: 1 Vinpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Sp YSICIAN: To the best of my kno INER: On the basis of examinati	ripetiant 3 DOA 29b. TiME INJU	26. OTHER: 4 Nursing Ho OF 28c. II WHY M 1 Ireet, factory, off	PLACE OF OEATH (C	PERF(1 YES 1 YES 1 YES 1 YES 28d. Other (Specify) 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW 28d. OE\$CRIBE HOW	r INJURY OCCURED t and Number or Ru anner as stated.	AVAILABLE PRIOR TO COMPLETION DF CA DF DEATH? 1 YES 2 No. 1	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lower after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the companion of companion or companion or companion.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO).	010000		
	1. DECEDENT'S NAME (First, Middle, Last)		1		2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH		
	James C.	LUYNI	bUTKE			2 94	5:50 AH		
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)		
	578-07-8574 1 🖾 2 🗆 F	84 yas.	MONTHS DAYS	HOURS MIN.	Dec. 19,	1909 Wa	shington, DC		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c, COUNTY C	OF DEATH		
DIRECTOR	Golden Age Guest Home		Syke	sville		Car	roll		
Ö	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
1	Maryland Carroll		Sykesv	ille			1 YES 2 X NO		
	10e. STREET AND NUMBER			Y. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER	1442 Buckhorn Road			21784		U.	J.S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN EVER		13. WAS DE	CENDENT OF HISPAI	IIC ORIGIN? (Specify Y	es or No- 14. F	RACE — American Indian,		
BY F	1 Never Married 2 Married FORCES? 1 S YES 3 Widowed 4 Divorced WWII			pecify Cuban, Mexica S 2 1 NO Specif	n, Puarto Rican, atc.)		Black, Whita, etc. Specify: White		
Q	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF B	USINESS/INDUSTF			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of a	work done during m se retired.)	oat of working			7.1		
7	12 Years	Plumb	er						
MO	17. FATHER'S NAME (First, Middle, Last)		-	18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
Ö		urnburke		11-2-2-2	a Catheri		iole		
BE	199. INFORMANT'S NAME (Type/Print)		ADDRESS (Street		Route Number, City or To				
5	Mrs. Marian Jeane Onufry				rksburg, N				
		b. PLACE OF DISPO				OCATION — City			
	1 🗆 Buriai 2 💢 Cremation 3 🗆 Ramoval from State	other place)							
	4 Donestion 5 Dother (Specify) Carroll Cremation Services Hampstead, Marylan								
	Ta 1 11 (10)	Ki	Burri	er-Queen	Funeral I	irector	s, P.A.		
	regner III for	4 my	1212	W Old Lil	perty Road	Winfi	eld, MD 21784		
CERTIFICATION	shock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A COMMEDIATE OF): Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significent conditions contributing to deeth		resulting in the upderlying cause given in Pa			AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C	neck only one)				
SIC	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 DOA	OTHER: 4 Hursing Ho	me 5 🗆 Residence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		AE OF 26c. II	IJURY AT	26d. DESCRIBE HOV	V INJURY OCCURE	iD .		
ВУ Р	1 Whatural 5 Pending	100		YES 2 NO					
COMPLETED B	2 Accident Investigation 3 Suicide Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
	29a, CERTIFIER								
MP	(Check only 1 CERTIFYING PHYSICIAN: To the best of my kno						usedel and manner or stated		
Ö	MEDICAL EXAMINER: On the basia of examination	on end/or investigati	on, in my opinion,	death occured at the	time, data and place,	and due to the ca	use(a) end manner as stated.		
ш	29b. SIGNATURE AND TILLE OF CERTIFIER	<u> </u>		29c. LICENSE NU	MBER	29d. DATE SH	GNED (Month, Day, Year)		
0 8	Tumbus			1 020	1806	9/2	12/79		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	e, Print)	101	-1	1 "	(II)		
	PATRICK TUPNES UP P	25415	Ubei	y Kd	Elder	SOUS 1	uy)		
	31. DOS END 2018 01994 Jan 3 MENSTRURS SIG	NATURE		7					

STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF DEATH 3. TIME OF CEATH 4:30. 4. SOCIAL SECURITY NUMBER 5 SEX 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs, last birthday IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH MONTHS DAYS HOURS 15 M 2 - F YRS. 214-03-0442 MARYLAND /15/1915 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH RECTOR IBERTY MEDICAL CENTER BALTIMORE 10e. STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO BALTIMORE ā MD. permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 21216 hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 1904 RUXTON AVENUE 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married Specify: BLACK BY **₩Idowed** 4 Divorced 1942-1945 ETED 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INQUISTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) POSTAL SUPERVISOR POSTAL SERVICE COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ FINETTA HARRIS VESSELLS JOSEPH L. VESSELLS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 SPRINGDALE AVE, BALTO, MD. VENEY 3301 pe 20e. METHOD OF DISPOSITION
117 Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must ARBUTUS MEM 9/26/94 PK BALTO, MD examiner 21-HIGHATURE OF FUNERAL SERVICE LICENSEE JOSEPH OPRESS RUSS FUNERAL HOME 21216 W. North Ave. BAlto.MD. attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. the medical PANT I. Enter the disesses, or complications that caused the dasth. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarvsi Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in dasth) MOXIC event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequantistiv list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediata envio. 201 cause. Enter LINDERLYING CAUSE (Disease or injury or other signed by the attending phy Health and Mental Hygiene AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL NEUMINIG shows any 1 TYES 2 THO OF DEATH? s certificate has been si th the State Dept. of He d, or Item 23 show 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1) Inpetient 2 ER/Outpetient 3 DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF BEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural Pending 1 YES 2 NO BY After death 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is I 8 Could not be DIRECTOR: / COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a TANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On th of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Ye BE -22-9 an 2 ANO AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020	ittending	e as the
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DIVISION OF VITAL RECORDS, P.O. BOX 68

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hosp

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	1 - STATE OF MARYLAND / CE		MENT OF H			IENE . NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	, 1/2	1477	SEN	2. DATE OF DEA		gear 94	3. TIME OF D	EATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Id	7. DATE OF BIRT	-		IPLACE (State of	Formion				
	219-01-4288 1 1 🖾 M 2 🗆 F 75	YRS. MO	NTHE DAYS	HOURS MIN.	(Month, Day, Y April	12, 191	Count	ny) 11inoi:		
E E	6512 Mac Beth Way			sville	ain .	1	rro1			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
DIRECTOR	Maryland Carroll		own or locat Sykesvi	-				10d. INSIDE (LIMITS? 1 TYES 2		
FUNERAL	10e. STREET AND NUMBER		101.	ZIP CODE				WHAT COUNTR	Y?	
NE.	6512 Mac Beth Way 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	MED	12 WAS DEC	21784	IIC OBIGIN2 (Sans		_	States E - American i	ladiaa	
	1 Never Merried 2 XXMerried FORCES? 1 YES 2 FORCES?		If yes, spe	city Cuben, Mexica 2 NO Specify	n, Puerto Rican, et	c.)	Blac Spec	k, White, etc.		
ВУ	3 Widowed 4 Divorced			z			Spec	"Y White	2	
COMPLETED	(Specify only highest grade completed) (G		WAL OCCUPATION done during most obtired.)		16b. KIND C	F BUSINESS/IN	IDUSTRY			
MPL		dustri	al Eng	inear	Bend	lix Cor	p.			
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, M	and the said		_		
BE	Chester Warren Vandusen 19e. INFORMANT'S NAME (Type/Print) 191				a Langl					
٩	Mrs. Betty Vandusen			nd Number or Rural I			2178	84		
	20a. METHOD OF DISPOSITION 1 1 Removal from State 20b. PLACE / commettery, cre	AND DATE OF D	DISPOSITION (Na.	me of ark	1	oc. LOCATION -				
	4 Donetton 5 Other (Specify) Lake	View		D ADDRESS OF FA		Sykesv	ille	, MD		
	rames B Covers	n	Loring	g Byers	Funeral					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval interval interval disease of condition resulting in death) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval interval interval disease of condition at the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval i								i Between and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. METASTATIC CANCER OF The PROSTATE 4 YRS DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not r	reauiting in t	the underlying	AS AN AUTOPS ERFORMED? 'ES 2 NO	248	WERE AUTOPS AWAILABLE PR COMPLETION DF DEATH?	OF CAUSE			
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impatient 2 ER/Outpatient 3		THER:	5 Raaldenca	6 Other (Specia	y)				
E	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT	2ad, DESCRIBE	HOW INJURY O	DW INJURY OCCURED			
B	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, term, atreet, fectory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, term, atreet, fectory, office City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de one) 2 MEDICAL EXAMINER: On the best of examination end/or							s) end manner	as stated.	
w	290. AIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI		29d. D/	TE SIGNED	(Month, Day, Y	bar)	
TO B	Mario Herenhy MD			D 583	768	▶ .	9/2	1/94		
F	MANIO A EISENBENGEN,			WOLFE	ST. BA	WIHO	NE T	1D 212	87	
	SEP 2 6 1994 July David Mark Signature	,								

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within the course after death. Page 6 may be retained by the hospital or attending physician.	conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit on State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
K VITAL RECORDS, P.O. BOX 68760,	Sidnit: The law requires that the death certificate be executed within g	conflicate has been signed by the attending physician and completely filled in by the in State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTINO, TO THE FUNERAL DIRECTOR ATTI De filed within 72 hours after dea IMPORTANT: If Itom 28 is m

PETER GRAZE

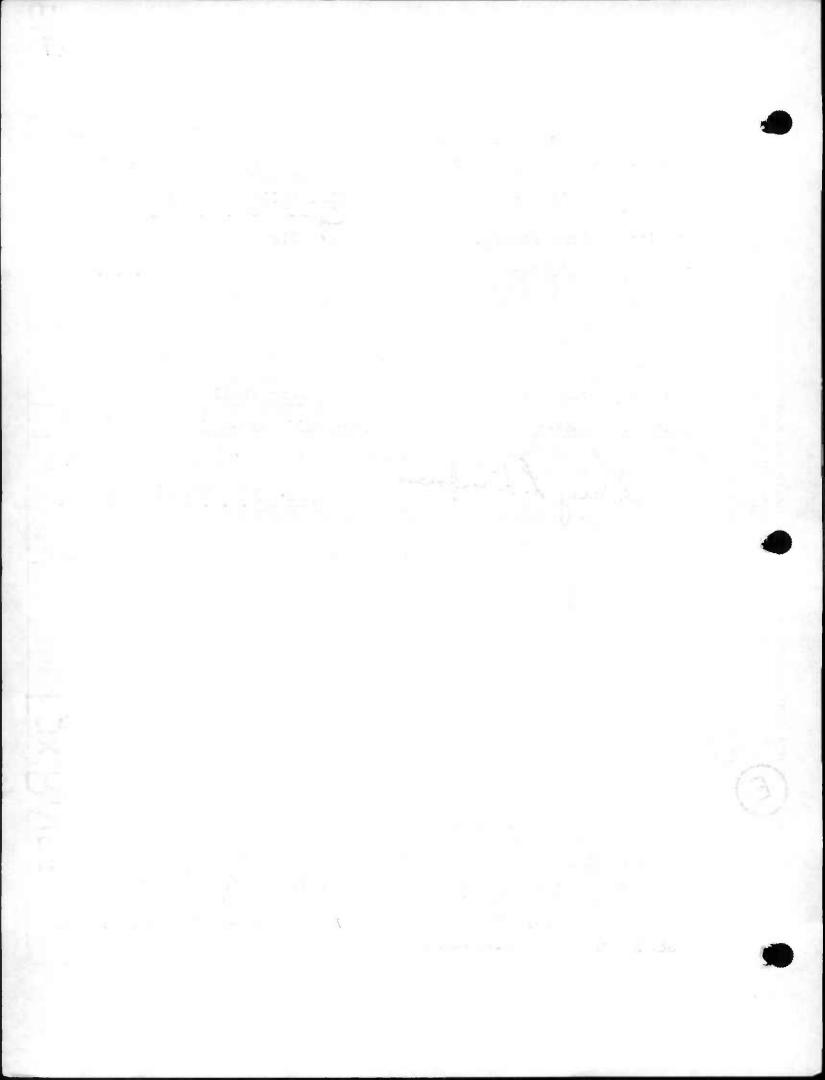
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Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE				MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
	William H	. Van	Meter						09	23	NY.	94	11:10 🖟
	4. SOCIAL SECURITY NUMBER	5. SEX	SEX 6. AGE (In yrs. lest birthday)			1 YEAR	IF UNDER	24 HRS.		OF BIRTH			PLACE (State or Foreign
	212-12-2109	M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	09	27	10	Mai	yland
	9e. FACILITY NAME (If not institution, give st	reet end number)	112		9b. CITY	, TOWN C	R LOCATI	ON OF DE			9c. COUN	ITY OF DE	sd-
E	1117 Dicus Mil	Road			1	Mil'	lers	vil	le		An	ne A	rundel
8	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C		111						10d. INSIDE CITY LIMITS?
	Maryland Anne	e Arund	lel		Millersville							1 YES 2 NO	
A	10e. STREET AND NUMBER				101. ZIP CODE						HAT COUNTRY?		
FUNERAL	1117 Dicus Mil	l Road					21	.108				U.S.	.A.
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGII	N? (Specify Yes	or No-	14. RACE	- American Indien, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATES			1 TYES	2X NO	Specify	/: /:	Rican, etc.)			ite
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	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G		Work done			ing	168	, KIND OF BU	SINESS/IND	USTRY	
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5	+)		nplo	tred	Fa	rmer			Farm	ina	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	0	1001		прто	yea			_			TITI	
	Abraham VanMe	ater						lary		Middle, Malden ⊇ 1 1	Sumame)		
BE	19e. INFORMANT'S NAME (Type/Print)	ECET	40		100000	D (Ot1		-		ber, City or Tow	- Out 70	On de la	
2	Nola L. VanMet	or	1.19							-Mill			21108
	20a. METHOD OF DISPOSITION	01	20b. PLACE					11 ,	DAT	-	CATION —		
	3 Buriel 2 Cremetio 3 Remo	oval from State	of Green					1 °37	1				ie,Md.
- 8	21. SIGNATURE OF FORMERAL BETWICE LIC		1					SS OF FA		24 01		JULII	ic, na.
	· Dary	4. V	aufm	avr	R.	aymo 26	ond	C. H	Finl wy.	K Fun	eral len	Hon	ne 21061 nie,Md.
	23. PART I. Enter the diseases, of a shock, or heart failure.	complications th List only one ca	at caused the de use on each line	ath. Do	not anter	the mo	de of dy	ring, suc	h sa cer	disc or reap	iratory err	est,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	· Su				NZE	ER	ar	- 6	PERT	W		Guios
NO	DUE TO (OR AS A CONSEQUENCE OF): b Due To (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if sny, leading to immediata cause. Enter UNDERLYING	DOE IV	ON AS A CONSE	WOENCE C	rej:								
윤	CAUSE (Disease or Injury that initiated events	cDUE TO	O (OR AS A CONSE	QUENCE C	HF):								
E	resulting in death) LAST												
S		o											
CAL	PART II. Other significant condition	a contributing to	o death but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AMPERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
빌													1 TYES 2 NO
-			_										N/A
¥	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	eck only o	ne)			
Sic	EXAMINER? 1 Tes 2 X NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient :	DOA	OTHE:	R: rsing Hon	10 5 K F	lesidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO													
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	of injury — At his, etc. (Specify)	ome, farm,	street, fac	tory, offic	0		26f. LO	CATION (Street or Town, State	and Number)	or Rural R	loute Number,
Fi.	An OFFICE TY							07-50				_	
COMPLETED	(Check only CERTIFYING PHYSI												
00	WEDICAL EXAMINE	_	examination and/or	investigat	on, in my	opinion,	seath occ	ured at the	time, dat	e and pieca, e	nd due to th	e cause(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 a CI	1				Mg. Lig	ENSE NU	MBER	Ä			(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WI	NOW N	(I)		24-0		U	0 >	0	+	P 09	/24	/ 94

J.D. ANNE ARUNDEL GENERAL HOSPITAL-ANNAPOLIS, MD. 21401

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificat be filed within 72 hours after death with the Sta

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O.

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within 24	ate has been signed by the attending physician and completely filled in by the tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEOENT'S NAME (First,	, Middle, Last)				7.1		2. DATE	OF DEATH			3. TIME OF DEATH
Frances	Li11	ian Whe	eeler	•			MONT	9 2	3	94	1:00 am
4. SOCIAL SECURITY NUME			GE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
212-32-473		□ M 2 💢 F	86	YRS.			Apr	il 9,	1908	Wash.	ington D.C.
90. FACILITY NAME (If not in				l °		OR LOCATION OF O	EATH		1	NTY OF D	
Bel Forest		center			Fore	t Hill			Į H	arfor	^d
10e. STATE	10b. COUNTY				TOWN OR LOCA	TION			_		10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Harfo	ord		<u>Be</u>	<u>lAir</u>						1 YES 2 X NO
1603 Cass	Drivo				1"	7. ZIP CODE 21015					Charles
11. MARITAL STATUS		. WAS DECEDENT EVE	R IN U.S. AF	IMED	13. WAS DE	CENDENT OF HISPAI	VIC ORIGI	N? /Specify Yes			States - American Indian,
1 Never Merried 2	Merried	FORCES? 1 YES, GIVE WAR OF	ES 2 🔀		It yee, a	pecify Cuben, Mexice 2 NO Specifi	n, Puerto		01.110-	Black	, White, etc.
3 🔀 Widowed 4 🗌 Divo						~ ~ ~				Ориол	White
(Specify only	Prince to the control of the control	npleted)	(G	CEDENT'S US ive kind of work Do NOT use n	k done during m	ON ost of working	168	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	1-12) C	college (1-4 or 5+)	l mo		emaker						
17. FATHER'S NAME (First, M	iddle, Last)			11011	elliaker	18. MOTHER'S NA	ME (First	Middle Maiden	Surname)		
Frank1	in Ober							wlin	,		
19e. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING A	ODRESS (Street	end Number or Rural			n, State, Zip	Code)	=
Mrs. Betty				3229	Summi	t Avenue	Ba	ltimor	e, M	d. 2	21234
20e. METHOD OF DISPOSITI	n 3 🗌 Removal	from State	emetery, cre	AND DATE OF	DISPOSITION (A	ame of	DAT			City or To	
4 Donation 5 Other 21. SIGNATURE OF FUNERAL					metery	ND ADDRESS OF FA		94 Ba	altin	ore,	Maryland
> Mail		IVI 3 VOIZ	T. Za	voyna	Leo	nard J. R	luck.	Inc.			
			S 4 4 1 4			Harford			ltim		21214
23. PART I. Enter the di shock, or he	seases, or com eert fellura. List	only one ceuse or	sed the de each line	eth. Do not	enter the m	oda of dying, suc	h as can	diac or respi	ratory en	rest,	Approximata Intervel Between
IMMEDIATE CAUSE (Fin disease or condition	nel	-11	7		107						Onset end Deeth
resulting in desth)	a,_	Oliale DUE TO (OR A	S A CONSE	DUENCE OF):	lele	-					
THE RESIDENCE - 120 THE 6-2											į į
Sequentially list conditi if any, laeding to immed	dieta	DUE TO (OR A	S A CONSE	DUENCE OF):							
CAUSE (Disesse or Inju		DUE TO (OD A									
that initiated events resulting in deeth) LAS	т .	DUE TO (OR A	S A CONSE	DUENCE OF):							
	d										
PART II. Other significa	nt conditions co	ontributing to deet	but not i	esulting in	the underlylr	g ceuee given in	Part i.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Lea	Tdes	0					_	1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
DID TOPACCO II	CE CONTINUE	LITE TO CALLET	OF DEA	TII \/20		1	-				1 TES 2 NO
DID TOBACCO U.		UTE TO CAUSE			Check only one	UNCERTAII	И Ц				
EXAMINER?	H	OSPITAL:		9	THER:	a E - Brattone	a (aut.	- 10			
27. MANNER OF OEATH		28e. DATE OF INJUR	ry	28b. TIME C	F 28c. IN	IURY AT		SCRIBE HOW I	NJURY OC	CURED	
	Pending Investigation	(Month, Day, Yea	")	INJUR		YES 2 NO					
3 Suicide 8	Could not be	28a. PLACE OF INJU	IRY — At ho	me, farm, stra	et, fectory, offi	•		ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
4 Homicide	determined						J.,	or lown, oldies			
		: To the best of my kn									
		n the besie of examina	tion end/or	investigation,	In my opinion,	feath occured at the	time, date	end place, en	d due to th	e Couse(e)	end menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICENSE NUM	-		29d. DAT		(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO O	OMPLETED CALLES OF	DEATH OTH	M 27) (5 2	(me)	9355	77			9/24	1)4
David S. D	unn, M.D	2105	Laure	1 Busi		Suite #	103	BelA	ir,	Md.	21015
SEP 26	194 g	32. REGISTRAR'S SI	GNATURE	4							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

er death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, all.	
he hospital or attending detached for use as the	
CIAN: The law requires that the death certificate be executed within a hours afti erificate has been signed by the attending physician and completely filled in by I the State both of Health and Mental Hygiene prior to burfal, cremation, or remo	IMPORTANT HER TO STREET AS STOWN SAN THEN TO BE THE THEORY OF BEAUTIES AT SOCIETY.
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TO THE F TO THE F De filed v	E L

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) WOO	odrow W.	Wise			2. DATE OF DEATH	22 9 ¹ / ₂	3. TIME OF DEATH 4 6:00 a M		
	210 10 2000	1 XM 2 - F 8		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	ours Min. $05/20/13$ Maryland				
TOR	96. FACILITY NAME (If not institution, give structure) St. Martin's Horizone of December 1	or Location of Death Sville Baltimore								
JIREC	10e. STATE 10b. COUNTY	e George	10c. CITY,	TOWN OR LOCAT	Colleg	o Pork		10d, INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			101	. ZIP CODE			1 YES 2 NO		
FUNE	4711 Berwyn Hou	12. WAS DECEDENT EVER II	2 NO	13. WAS DEC	2074 ENOENT OF HISPAN	ORIGIN? (Specify 'n, Puerlo Rican, etc.)	fee or No 14.	RACE — American Indian, Black, White, etc.		
D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR	3 XWidowed 4 Divorced 15. DECEDENT'S EDUCA	IF YES, GIVE WAR OR D	TES II		2X NO Specify			White		
	(Specify only highest grade of Elementary/Secondary (0-12) unavailable	College (1-4 or 5+)	(Give kind of word life. Do NOT use	rk done during mo: retired.)	st of working		USINESS/INDUST			
COM	17. FATHER'S NAME (First, Middle, Last)		Governii	ient wo		ME (First, Middle, Meid		tute of Health		
H	Walter A. 190, INFORMANT'S NAME (Type/Print)	Wise	475 11411112			Margaret				
2	Francis L. Buck	ler			Street	Route Number, City or To		MD 20783		
	20e. METHOD OF OISPOSITION 1	200	PLACE AND DATE OF DETERMINE OF	DISPOSITION /Na	me of	DATE 20c.I	OCATION - City	or Town State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	McDonaly		MacNah	ob Fune	ral Home	, P.A.			
\dashv	Dawn F. McDo 23. PART I. Enter the diseases, or co	nald emplications that caused	the death. Do no	BOL Fr	cederic	k Rd. Ba	ltimo	ce, MD 21228		
	immediate cause (Final disease or condition	lst only one causa on e	ach line.		TI P	II M A	, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death		
	resulting in death) a. Call In Sma of LUNG OUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
RTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS									
DICAL	PANT II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	cause given in		DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
. ME	DID TOBACCO USE CONTRI	IRUTE TO CAUSE O	F DEATH YES	MNO	LINICEDTAIN			1 TYES 2 NO		
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
İXSİ		HOSPITAL: 1 Inpatient 2 ER/Outp	ettlent 3 DOA 4		5 Residence					
	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (M 1 Y	RK? ES 2 NO	28d. OEŞCRIBE HOV	INJURY OCCUR	EO		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atro	eet, tectory, office		281. LOCATION (Stree City or Town, Sta		Bural Route Number,		
OMPL		IAN: To the beat of my know						use(s) end menner es stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	arkar	ars		29c. LICENSE NUM		29d. DATE Sid	GNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
11	Sampandam Raska		3433 W	ILLANG	ATTANTA	V B~1+-	m 0 ** 0	MD 21229		



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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S HAME (First, Middle, Last) TOMMY NM	I ARD	100			2. DATE O		- GEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER 5.		n yrs. lest birthday) #	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIH.		F BIRTH Day, Year)	8. BIRT	THPLACE (State or Foreign ntry)	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY HAME (If not institution, give street			CITY, TOWN C	R LOCATION OF DI			14/53 New Orleans		
	Gift of Hope Hospice			<u>Baltim</u>	ore			1.		
REC	10a. STATE 10b. COUHTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. JHSIOE CITY LIMITS?	
	Maryland 100. STREET AND HUMBER			Baltim	Ore		1,	On CITIZEN OF	1- YES 2 NO	
IERA	818 N. Collington	Ave.			21231			USA	WHAT COUNTRY?	
DESCOMPLEIED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. 1	. WAS DECEDENT EVER IH FORCES? 1 VES IF YES, GIVE WAR OR DA	U.S. ARMED 27 NO TES	If yes, sp	ENDENT OF HISPAI icity Cuban, Maxics 2 XXNO Specif	an, Puerio Ri	(Specify Yes or can, etc.)	Bia	CE — American Indian, ock, White, etc. BJ ack	
	15. DECEDENT'S EDUCATION (Specify only highest grade communication (Particular of the Communication of the Communi	OH pleted) oliege (1-4 or 5+)	18a, DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo		16b.	KIND OF BUSIH	ESS/INDUSTRY	DJ UCH	
MPL	8		Laborer		1					
- 1	17. FATHER'S HAME (First, Middle, Last) Unkn	own Joseph	Warren A	rdion	18. MOTHER'S HA		iddle, Maiden Sui Ph Ardi			
	19a. IHFORMAHT'S HAME (Type/Print)				nd Number or Rural	Route Numbe	or, City or Town, S	LON State, Zip Code)		
TO BE COMPLETED BY	Sister Peitra (Care	giver)					timore	, Maryl	and 21231	
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF D stery, cremetory or other St. Paul	ISPOSITION (Na	me of	OATE		TIOH — City or		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		DC. Taul	22. NAME AH	O ADDRESS OF FA	CILITY	7 Abbet			
η.	David !	Paleby	/	David 401 S	d J. Web S. Chest	er Fu er St	neral H . Balti	lomes Lmore,	Md. 21231	
	23. PART I. Enter the diseases, of company shock, or heert fallure. List	plications that ceusad only one cause on as	the death. Do not a ch lina.	entar the mo	de of dying, suc	h as cerdi	ac or reapirat	ory arreat,	Approximata interval Batwean	
	iMMEDIATE CAUSE (Finel disease or condition a. AIDS,								Onset and Daath	
z	OUE TO (OR AS A CONSEQUENCE OF): LAPOS (S SAR COM) A									
<u> </u>	Sequentielly list conditiona, If any, leeding to immediate ceuse. Enter UNDERLYING									
Z	CAUSE (Diseese or injury that initieted events resulting in death) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A COHSEQUENCE OF):								
	PART II. Other significent conditions co	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AH AUTOPSY 24b. WERE AUTOPSY FIHDINGS								
				- and any mg	oouse given in		PERFORME	07	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2	DID TOBACCO USE CONTRIBI	UTE TO CAUSE OF	DEATH YES	П ио П	UNCERTAIN				1 YE\$ 2 HO	
2	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH (C	Check only one)						
2		Inpetient 2 ER/Outpe		-	5 Raeldenca					
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	4 3'53 A	WO	ES 2 NO	28d. DESC	RIBE HOW INJU	JRY OCCURED		
	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, atc. (Specif	At home, ferm, atree	t, factory, office		28f. LOCAT	FIOH (Street and Town, State)	eet and Number or Rural Route Number, tate)		
OMPLE	29a. CERTIFIER (Check only 2	: To the best of my knowle n the bests of examination							(e) end menner as stated.	
N N	296. SIGHATURE AHO TITLE OF CERTIFIER	Polviel	M.D		29c. LICENSE NUN		25	ed. OATE SIGHE	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO CO	- Rolnica	A		174 05	= H+	ARYIA	U)		
	31. DATE FILED (Month, Day, Year) 9 / SEP 2 8 19	32. REGISTRANIS STONA 94 Julius &	with Rud	ul.			•			

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TALL 32 YESIGI BARE NOW WITH

DIVISION OF VITAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be executed with ATTENDING PHYSICIAN: TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI DE filed within 72 hours at IMPORTANT: If Item 2

Pages 1, 2, 3 should permit. the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 35 use Ď detached funeral director, page 5 should be ours after death. the filled in by 0 cremation, the attending physician and completely I Mental Hygiene prior to burial, crematic

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SEPT. 224, 1994 YEAR 3. TIME OF OEATH ABRAMOWITZ MORRIS Morris Abramowitz V. 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS DAYS 1 🔀 M 2 🗌 88 218-01-8419 AUG. 27,1906 MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH BALTIMORE BALTIMORE 7 SLADE AVE., APT. #404 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD. BALTIMORE BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21208 7 SLADE AVE., APT. #404 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-it yea, specify Cuban, Maxican, Puarto Rican, atc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 ☐ YES 2 X NO Specify: Specify:WHITE 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad College (1-4 or 5+) Elementary/Secondary (0-12) 12 PROPRIETOR INSURANCE AGENCY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sur **JACOBSON** MINNIE ARRUM AVEUR NATHAN ABRAMOWITZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 55 RIVER OAKS CIRCLE, BALTO., MD. 21208 MRS. BEVERLY MARGOLIS 20a. METHOD OF DISPOSITION V☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 09/23/94 BETH TEILOH CONG. BALTO., MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD. 21215 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** on each line. shock or heart fallure. List only one cause intervai Between IMMEDIATE CAUSE (Final **Onaat and Death** disease or condition reaulting in death) Sulda ronce e Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE/OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resuiting in death) LAST PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IX UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only of **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? INJURY 1V Natural м 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 8 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and pieca, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 63 W 2 -22



which were the server with the transfer

or, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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	hours	u pa	0 70	He
	ì	ly fille	ation,	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	scute	OD Dr	burial	ıtic (
	pe exe	ian ar	or 10	апша
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	OR A	JIREC	DULS	E
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE OF MARYLAND / I	DEPARTME RTIFICA			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Marjorie Elizabeth Allen				September 2	3 1992				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIS	THPLACE (State or Foreign			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 10 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 10 BE COMPLETED BY FUNERAL DIRECTOR 10 BE COMPLETED	220-44-4633 1 M 2 XF 87 9a. FACILITY NAME (If not institution, give street and number)	YRS. MONTI		HOURS MIN.	February 13,	1907 Ma	aryland			
	Baptist Home of Maryland		Mills	AIR	Balti					
E E	10a. STATE 10b. COUNTY	10c. CITY, YOW	N OR LOCATI	ON			10d. INSIDE CITY			
TO BE C	Maryland Baltimore		gs Mi				LIMITS?			
≶	10. STREET AND NUMBER			ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
	10729 Park Heights Avenue		2	1117		Unite	ed States			
	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, spe		NC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	Bi	ACE — American Indian, ack, Whita, atc. White			
	15. DECEDENT'S EDUCATION 188. DEC	EDENT'S USUA	OCCUPATIO	4	16b. KIND OF BUS	INESS/INDUSTRY				
ã I	(Specify only highest grade completed) (Give	e kind of work do Do NOT use retire	ne during mos		Too. take of Boo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i			
7		retar	y		Churc	h				
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden					
	Howell W. Allen, Sr.				Elizabeth		en			
		MAILING ADDR	ESS (Street ar		Route Number, City or Town		ien –			
2					Baltimor		21214			
	20a. METHOD OF DISPOSITION 20b PLACE AN	D DATE OF DISI				CATION — City or				
	1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)				1					
	21. SKINATURE OF FUNERAL SERVICE LICENSES			ADDRESS OF FA	9/26/94 Ba1	стшоге	, MD			
İ	T. CIT		Mitc	hell-Wi	iedefeld	Home,	Inc.			
	Seven T. Zittle 23. PART I. Enter the diseases, pr complications that caused the dea		6500	York F	Road Balt	imore.	MD 21212			
IFICATION	shock, pr heart failure. List pniy pna cause pn each line. IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	JENCE DF):					interval Between Onset and Daeth			
Ш	d	d.								
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALBLE PRIOR TO COMPLETION OF CAUSE DEPORTED. 1 YES 2 NO									
Σ	1 U YES 2 NO									
Ë	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DE	ATH YE	S NO						
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTA	26. PL/	CE OF DEATH (Che	eck only one)					
2	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3	DOA 4	Nursing Home	5 🗆 Rasidence	6 Other (Specify)					
5	27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR		28d. DESCRIBE HOW II	NJURY OCCURED				
- 1	1 Natural 5 Pending 2 Accident Investigation			S 2 NO						
- 10	3 Sulcide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At hom building, atc. (Specify)	e, farm, street,	factory, offica		281. LOCATION (Street a City or Town, State)	and Number or Run	ni Route Number,			
ا ۲	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, dear	th occurred at at	n flern deta			- 376				
\$	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or in						e(s) and manner as stated			
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER		1							
- 11	As Land			29c LICENSE NUM	ILC4		ember 23 1994			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		179	1101.	cepte	411/CL 4J 1774			
	Theodore C. Houk, M.D. 7825 York		Towso	n, Maryl	land 21286	5				
	21 DATE FILED (Month Day Worl)	1000	10,400	,	Z120(
	SEP2 7 1994 Juli of worker hardell									

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY 1 YES 2 XNO

Baltimore Co.

10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White

YEAR

23,1994

REG. NO.

2. DATE OF DEATH MONTH DAY

Sept.

		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	HOURS MIT		DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	PLACE (St
Þ		219 20 701		1 🗆 M 2 💢 F	86	YRS.	WUNTHS	DAYS	HOURS MH	. o	6/17/1	908	Pen	
certificate be executed with the medical examiner must be notified at once.	_	9e. FACILITY NAME (If not in				-	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COU	NTY OF DE	ATH
en en	СТОВ	24 Pelczar		nue				Es	ssex			Bal	timo	re
es 1	ш	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSII
nit. Pag	- DIR		Balti	more C	ο.	E	ssex	-						1 YES
	ERAL	10. STREET AND NUMBER						101	. ZIP CODE	000		10g. CIT	IZEN OF WI	
transi	빌	24 Pelczar	Aver		IT EVER IN U.S. AR					220			U.S	
5-0020 ding physic the burial	BY FUNI	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1	YES 2 XI	40 IMED	10	yes, sp	ecify Cuban, Me 2 X NO Sc	xicen, Pr	ORIGIN? (Specify Your to Rican, etc.)	e or No-	14. RACE Black, Specify	White, et
215 atten	윤		EDENT'S EDUC y highest grade		(G	ive kind of	USUAL OC		ON ost of working		16b. KIND OF BU	JSINESS/INI	DUSTRY	
ital or	Ë	Elementary/Secondary (0	1-12)	College (1-4 or 5	+) ///o	Do NOT u	se retired.) bler				Works	T	1 L	
N hospi	MP	17. FATHER'S NAME (First, M	Helefie I - et		AS	sem	prer				Weste		Tect	rıc
LA y the det		William	Har	rv	Hogan				Julia		First, Middle, Maldel Swee			
ed by	BE	190. INFORMANT'S NAME (7		- Y		- MAN INC	ADDRESS	/Dt			Number, City or To			
MA retair 5 sho	2	Geraldine		ott							ddle R			2
be be		20e. METHOD OF DISPOSIT		.022	20b.PLACE					111	DATE 20c. L			
6 mg		1 Buriel 2 Decremetic	n 3 🗆 Reme	oval from State	Green	mou	the Clace	ren	atorv	9/	26/94	Balt	imor	e.M
Page al dire		21. SIGNATURE OF FUNERA		ENSEE				$\overline{}$			ERAL HON			- /
seath.		▶ \	17		1/2	•					e. Balti]
B after of the noval.		23. PART I. Enter the di	seases or o	complications the	t daysed the de	ath Do								-
d in b		ahock, pr h	aart fallura.	Liat only pne car	use Dn each line	l.	Λ/	7)				App
€ 5 e		IMMEDIATE CAUSE (Fir disease or condition	inl	14	chen	1	It.	n	1 /	12	2700			Ons
with with pletely rema		reaulting in death)	-	- Ter	(OR AS A CONSE		F)·							1
B76 uted v com riat, c	-		_	an	Since	16	0.	7	- 1	C.	the,	m	人	1
exect and to but to but	9	Sequentially list condition if any, leading to imme-		DUE TO	IDR AS A CONSE	DUENCE O	F):						-	1
ste be prior		cause. Enter UNDERLY!	NG		Dire	42	2		luce	en	1/2			
. 2 0 2	RTIF	that initiated events		OUE TO	(OR AS A CONSE	DUENCE O	F):							
e Hy	CERI	resulting in death) LAS	' U	d										
S, ne de the at Ment		PART II. Other significa	nt condition	s contributing to	death but not i	esulting	in the uni	darivine	g causa givan	In Pari	t I, 24a. WAS A	N ALITOPSY	24h 1	WERE AUT
hat the d by and and in in in	S	*/./	2 &						g ga.		PERFO	RMED?	1	AVAILABLE
S E E E	밀	Metro	45	C C	ain	u	01				. 1 TYES	2 [] NO	- 1	OF DEATH
RE v requi	Σ.		1/0	sen!	1						·			1 TYES
The law ate has be ate Dept.	IAN:	25. WAS CASE REFERRED TO	MEDICAL	- 00				20. PL	ACE OF DEATH	(Cheek d	Inty one)			
	SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER 4 Dillum		N 5 Masiden	ce B	Other (Specify)			
HYSICIA HYSICIA his certi with the	PHYS	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	IURY AT	_	d. DESCRIBE HOW	INJURY OC	CURED	
Tarke sarke	BY F		Pending Investigation	(MONN), L	reg, rear;	les.	M		PRK? YES 2 NO					
NDING I: After r death is mai		2 Sulate	Could not be	28e. PLACE C	F INJURY — At he atc. (Specify)	me, term,	street, fecto	ry, offic	•	281	LOCATION (Street		or Rural Ro	oute Numb
	쁘	4 Homicide	determined		are (apoony)						City or Town, State	"		
PHYSICI this cer with th	PLE	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurr	ed at the tir	ne, date	end plece, end	due to ti	he ceuse(e) and me	nner ee sta	ted.	
THE ST	OMPL			R: On the beele of e										and mann
1112	8	296. SIGNATURE AND TITLE							29c. LICENSE				E SIGNED (
DE THE	B	MO	MI	~ici	CP.	01			Dag	28	00	10	7/2	de
FF5	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	Print)		100	_	14		110	7 (
		14PA	Cit	Y,	VA	1	Pi	40	ra/	2.				

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

FOR STATE REGISTRAR

SEP 2 7 1994

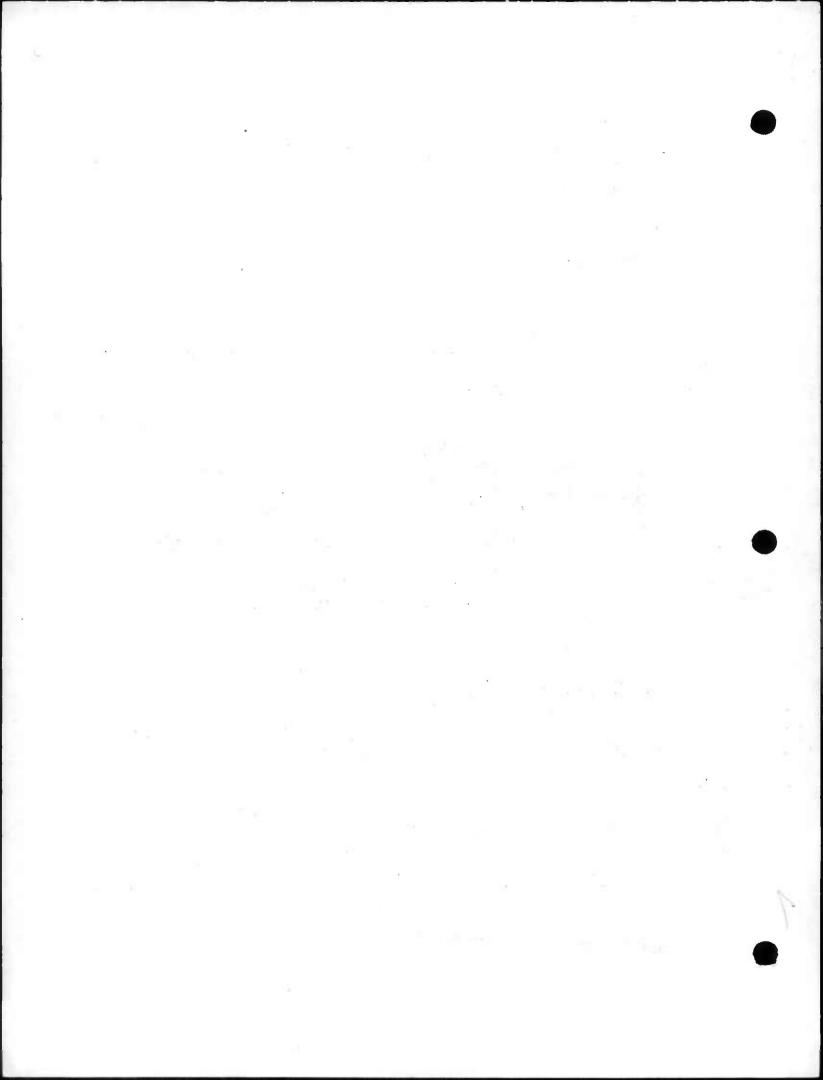
1. OECEOENT'S NAME (First, Middle, Last)

JULIA

Η.

BRYAN

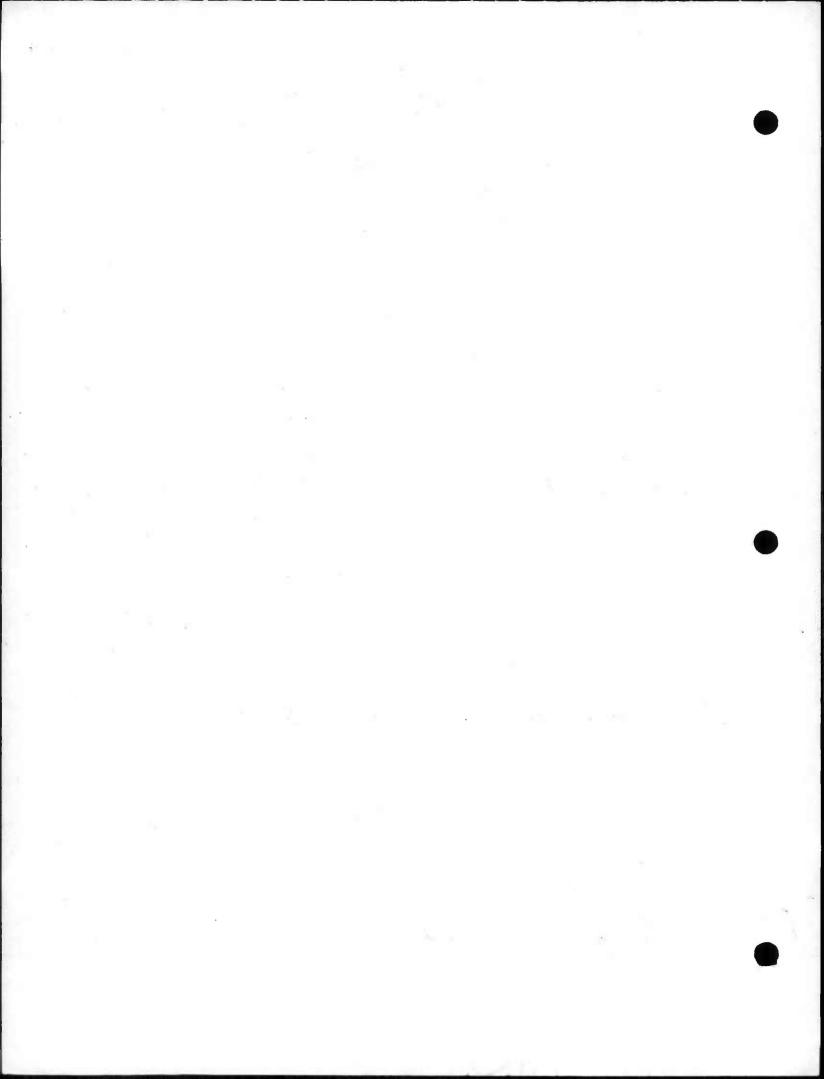
Town, State, Zip Gode) River, Md. 21221 LOCATION - City or Town, State Baltimore, Maryland timore, Maryland 21221 apiratory arrest, Approximate Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO W INJURY OCCURED eet and Number or Rural Route Number, menner ee stated. end due to the ceuse(s) and manner es stated. DHMH-16 Rav 1/89



FOR

ours after death. Page 6 may be retained by the hospital or attending physician.	I PRECIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	or removal.	nedical examiner must be notified at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death, Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely filled	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	In 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

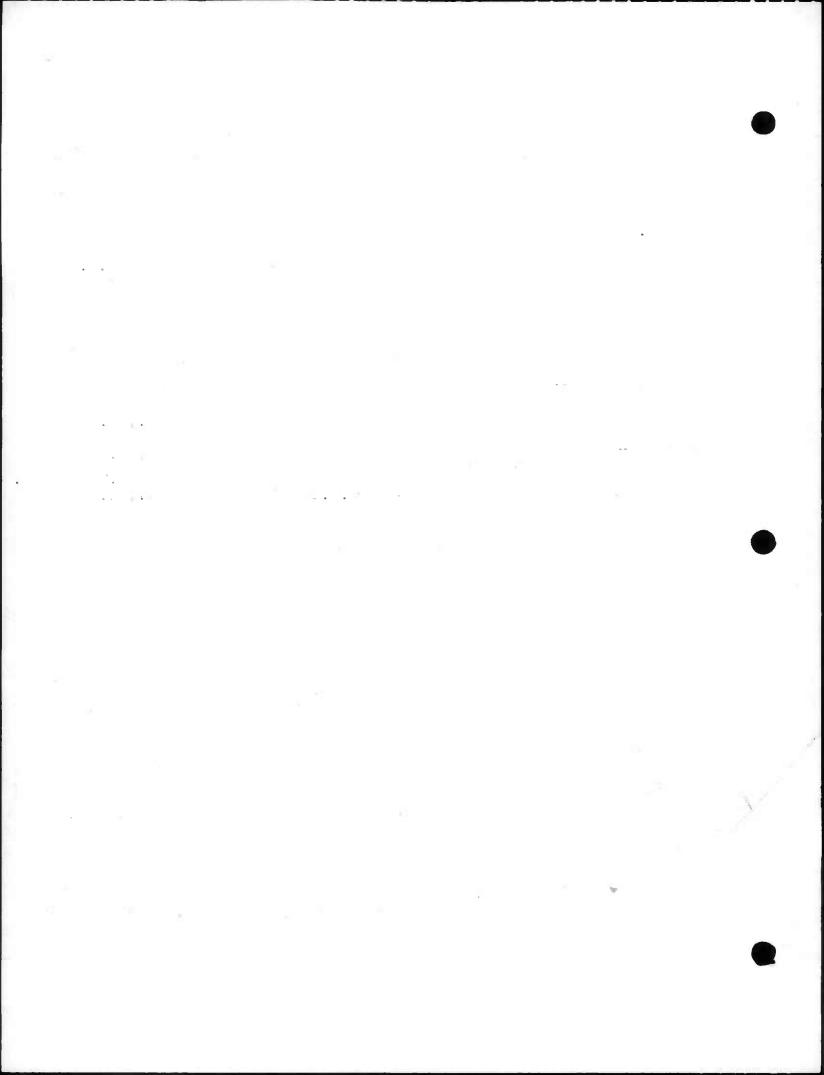
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	T	R			2. DATE O	OF DEATH DA	y y	3. TIME OF DEATH
	Theodore	Joseph				-	24	, 91	4 0620 A 1
	4. SOCIAL SECURITY NUMBER 220-36-4867		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE (6 / 41		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give :	V	53 YRS.	OL CITY TOWN O	R LOCATION OF DI		6/41		laryland
Œ		ere Hospi	tal	Bactin		MD)	9c. COUNTY	
16	RESIDENCE OF DECEDENT		141	Dactin	1016	10(20		1741	1 timpre
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	Maryland Bal	timore							LIMITS?
RA	1219 Rose Gard	en Road		101.	ZIP CODE 2122	1			S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECI	ENDENT OF HISPAI		(Specify Yea		. RACE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES	2 2 NO	If yee, spe	cify Cuben, Mexice 2 NO Specit	en, Puerto R			Black, White, atc.
р ву	3 Widowed 4 Divorced								White
Œ	15. DECEDENT'S EDU (Specify only highest grade	completed)		WOUND OCCUPATION WORK done during mos		16b.	KIND OF BUS	INESS/INDUS	TRY
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Polic			1	Ralti	more	City
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Jeman -	18. MOTHER'S NA		-		CICI
BE C	Herbert Brown				Gert	rude	Gra	р	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street er	nd Number or Rural	Route Numb	er, City or Town	n, State, Zip Co	ode)
-	Agnes T. Brown		1219	Rose G	arden F	Rd. E	Balt.	, MD	21221
	20e, METHOD OF DISPOSITION 1XX Buriel 2 Cremetion 3 Rem	oval from State 20t	D. PLACE AND DATE	OF DISPOSITION (Nei	me of	DATE	20c. LO	CATION - City	y or Town, State
	4 Donetion 5 Other (Specify)	H H	OTTA H	LII Ceme	D ADDRESS OF FA	29/5	14 ва	1 C 1 M O	re County
	He down /	moder		Bruze	dzinski	Fur			
<u> </u>	7	1/10							1t.MD 21221
-		List only one ceuse on e	d the death. Do i	not enter the mod	de of dyling, suc	h es cerdi	lec or reapi	ratory errest	intervel Between
	iMMEDIATE CAUSE (Finel disease or condition	2011/10	voul.		adas				Onset and Death
	reaulting in deeth)	e. DUE TO (OR AS /	CONSEQUENCE O	on ary	nary edema 12				
Z	disease or condition resulting in deeth) e. acute pulmonary edema Due to (or as a consequence of): The unatoid heart disease, vasculitis Due to (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING								
2	CAUSE (Disease or Injury	c	CONSECUENCE	DINSEQUENCE OF):					
E	thet initiated events resulting in death) LAST		CONSEQUENCE O						Ì
		d							
Ä	PART II. Other algnificent condition	ns contributing to death b	out not resulting	in the underlying	cause given in	Part i.	24s. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC						-	1 TYES 2	M NO	OF DEATH?
Σ	DID TOPACCO LISE	CONTRIBUTE TO	CALICE OF	DEATH V		- Ad			1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:					
훉	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM		JRY AT	_		JURY OCCUR	RED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO	, a		_	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At home, ferm,	street, factory, office			TION (Street a	nd Number or	Rural Route Number,
E	An APPRILIPA					<u></u>			
COMPLETED	(Check only	ICIAN: To the best of my know							
			n end/or investigatio	n, in my opinion, de			end place, and		euse(e) end manner ee stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	1	`		29c. LICENSE NUI			29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	OK) M. C	ATH (ITEM 27) (Type	0.00	D436	9 (0		- 41	2014
-		IO COMPLETED CHOSE OF DE	SALLE ALLEM WITH LAND	, Print)					
-	Rodney Bri		-	nklin S	quare	Ho	Spito	B	altimore ma



rysician. Infal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

examiner must be notified at once.	IMPORTANT: If Item The prince, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the bur al.	TO TH. FUNERAL DIRECTURE AND THE CENTRICE IN SPEED SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed writhin 72 how the property of the page 10 the filed writhin 72 how the page 10 the page 10 the filed writhin 72 how the page 10
ir death, Page 6 may be retained by the hospital or attending phy	TO THE MOSPITAL OF MITERALING PRESIDING THE law requires that the death certificate be executed within excitous after death, Page 6 may be retained by the hospital or attending phy
BALTIMORE, MARYLAND 21215-002	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

							2	4 6	0233	
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF						
	1. DECEDENT'S NAME (First, Middle, Last)		CERTII	FICATE OF	DEATH	REG. NO	1			
- 53	KEITH MARTIN	BRISCO)F.				MY	YEAR	. TIME OF DEATH	1
- 9	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)			SEPT 19	1	994	4:30	AM
	213-80-1330	1 M 2 F	33 yrs.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	59	S. BIRTHPL Country) Mar	yland	sign
	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	JNTY OF DEA	тн	
S	CAPITAL BELT	'WAY					PR:	INCE	GEORGE	ES
5	RESIDENCE OF DECEDENT						_			
DIRECTOR	106. STATE 106. COUNT	Y		tv, town on Loca Baltimo					Od. INSIDE CITY LIMITS?	NO.
	10e. STREET AND NUMBER			10	H. ZIP CODE	 	10a. CIT		AT COUNTRY?	
FUNERAL		ter Street			21216			U.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No-	14. RACE -	- American Indian Whits, etc.	n,
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	PATES		S 2 (2) NO Specify			Specify:		ζ
요	15. DECEDENT'S EDU (Specify only highest grade	CATION		S USUAL OCCUPAT		18b. KIND OF BU	SINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT		-					
₫	12th		Elec	tronics						
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
	William Bris	coe				da Fortu				
#	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AOORESS (Street	and Number or Burel I	Route Number, City or Tow	in Chata 7	in Codo)		
2	Brenda Chapma	n	241	0 Winch	ester S	treet Ba	Ito	. MD.	21216	,
	20s. METHODIOF DISPOSITION 1 Burial 2 Cremetion 3 Rem	20t poval from State	b. PLACE AND DATE	OF DISPOSITION (A	ame of	DATE 20c. LO	CATION -	Cify or Town		
	4 Donation 5 Other (Specify)		etro c	remator	y 9/21/	94 Ba	lto,	,MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	1		22. NAME A	ND ADDRESS OF ITAL	CILITY 172	1-2	7 N M	lonroe	St
	► Storethan	Leto CES	P #281	ET	Phillip	s F/H Ba				
\dashv	100000							-	_	_
	23. PART i. Enter the diseases, or a shock, or heart failure.	List only one cause on e	ach iina.	not enter tha m	ode of dying, suci	h aa cardiac or resp	iratory ar	rest,	Approximate interval Bet	
	IMMEDIATE CAUSE (Final	11.01	0 0	C .					Onset and I	
	disease or condition resulting in death)	a. Multin	le m	Mr. Vila					ļ	
		DUE TO (OR	A CONSEQUENCE	SF):						
z	Saguantially list and litigat	b								
۱ ۲	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE (OF):						
5	cause. Entar UNDERLYING CAUSE (Disease or injury	С								
CERTIFICATION	that initiated events	OUE TO (OR AS A	A CONSEQUENCE (OF):						
1	resulting in death) LAST	d								
- 1	PART ii. Other significant condition	ne contribution to death t	nut not moulding	In the contral of						
4	- Str II. Strait agrinteant condition	s contributing to daath b	out not rasulting	in the undariyir	g cause given in	Part i. 24s. WAS AN PERFOR		A	PERE AUTOPSY FIND MAILABLE PRIOR TO	0
5						1 XYES 2	NO 🗌		OMPLETION OF CAL OF DEATH?	USE
PHYSICIAN: MEDICAL						_ / `		1	YES 2 NO	0
z I	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	F DEATH Y	ES NO [UNCERTAIN	10		1	\wedge	
٤١	25. WAS CASE REFERRED TO MEDICAL			ATH (Check only one,						
2	EXAMINER? 1 TYPES 2 NO	HOSPITAL: t Inputient 2 ER/Out	patient 3 DOA	OTHER:	ne 5 🗆 Residence	XXother (Specify)				
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TII		JURY AT	28d. DEŞCRIBE HOW I	SCEN			
	1 Natural 5 Pending	(Month, Day, Year)	3:02	IJURY W	DRK?	c. liest		4-046		. 1
6	3 Suicide a Could get be	28s. PLACE OF INJURY		street, factory, offic		306/60/1	n mo	Jover	THE MAN	deri
3	4 Homicide 8 Could not be	building, etc. (Spec	cify)	acreet, factory, offic	•	28t, LOCATION (Street and City or Town, State)	A A A	r or Hurai Hou	Ite Number,	900
ij	20a CERTIFIER			lay		Capita		Way 10		and
COMPLETED		CIAN: To the best of my know							·	
5	2 MEDICAL EXAMINE	R: On the besis of examination	n end/or investigati	lon, in my opinion,	death occured at the	time, data end pisce, an	d dus to ti	he csuse(s) e	nd menner as atat	rted.
	296. SIGNATUTE AND TITLE OF CERTIFIES	11 -			29c. LICENSE NUM	IBER	29d. DAT	E SIGNED (M	fonth, Day, Year)	
ןן מ	Thend 11	The	. 1							
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF THE	ATH (ITEM 27) / Kim	e Print)	O.C.M.	نا ا	51	۲۱۷،	0,1994	:
	THEXADE IN	King	111 P	enn Str	eet, Ba	ltimore,	Ma	cylan	d 2120	1



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR	
ICATION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF					MENTA	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF OEATH	
	GEORGE WASHI		SE		199	YEAR	03:04 A M						
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR 1 MONTHS DAYS NONTHS DAYS								7. DATE OF BIRTH 8. BIRTHPLACE (State or I			
- }	224-25-2111	69 YRS.			HOURS	MIN.	Feb	12, 19	25				
œ	98. FACILITY NAME (If not institution, give street and number) 90. EAT, TIMORE 90. COUNTY OF DEAT 90. COUNTY OF DEAT 91. CITY, TOWN OR LOCATION OF OEATH 90. COUNTY OF DEAT									EATH			
DIRECTOR	905 MCKEAN AVE. BALTIMORE												
E E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland Maryland		E	Balti	more					1 X YES 2 NO			
R	10e. STREET AND NUMBER				101	ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	905 McKean Avenue		P IN II S APMED	12	WAS DEC	212	/	NIC ODIC	IN? (Specify Yes	N-	US.	A American Indian.	
	1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O			If yes, sp		ın, Maxici	en, Puerto	Ricen, aic.)	OF NO.		, White, atc.	
BY	3 Wildowed 4 Divorced						оросп	,. 			Speci	Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S (Give kind of	work done			ng	16	b. KIND OF BUS	SINESS/INC	DUSTRY		
٦	Elementary/Secondary (0-12) High School	College (1-4 or 5 +)	iiie. Do NOT u						CL T-		D		
S	17. FATHER'S NAME (First, Middle, Last)		Lan	orer	_	10 MOT	MED'S NA	ME /First	St. JO		's P	aper Co.	
	Alexander Bright						gini		Middle, Maiden	Surrame)			
BE	19a. INFORMANT'S NAME (Type/Print)	· .	19b. MAILING	ADDRESS	(Street a				nber, City or Town	n, State, Zic	Code)		
임	Shirley Smith		905 Mc						nore, M			21217	
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rame	ovel from State	20b. PLACE AND DATE	OF DISPOS	ITION (Na	nia of		DA	TE 20c. LO	CATION —	City or To		
	4 Donation 5 Other (Specify)		1D Veteran	Ceme	tery	/Gar	risc	on 9/	29 Ow:	ings	Mil1	s, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	DA. C	/	22.	name an 051	d addre Gwyn	ss of fa	cility alls	itter F S Parkw	uner	al H	omes, Inc	
- 1	▶ Kevin A.	Facker		B	alti	more	, Ma	aryla	and 21	216			
	23. PART i. Enter tha diseases, or o shock, or heert fellure.	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.									Approximate interval Batween		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) • ATHOROSCUEROTIC CASO MUNSCUID 1 DISCAR									Onset end Death			
	resulting in death)	DUE TO (OR	S A CONSEQUENCE O	OC	126V	5 hac	11770	w	12 ()	SCA	34		
2	The fall of a solide of the so												
일	Sequentielly list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
୍ଧ	CAUSE (Disease or Injury	L											
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OR)	S A CONSEQUENCE O	F):								i I	
j		1								-		1	
¥	PART II. Other significent condition	s contributing to deat	h but not resulting	in the un	derlying	ceuse	given in	Part I.	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă								_	1 NES 2	□ NO		OF DEATH?	
Σ	DID TOBACCO USE CONTR	DIBLITE TO CALICE	OF DEATH VI	· C 🗆 1	10 [1 11516	FDTA		PART	JAL		1 TYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL	CIBOTE TO CAUSE	28. PLACE OF DEA	S I I		UNC	ERTAI	и Ц					
	EXAMINER?	HOSPITAL:	Putpatient 3 DOA	OTHER		5/7 R	aldence	8 [] Oth	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJUI			28c. INJ	-43		_	SCRIBE HOW IN	JURY OC	CURED		
B \	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆 1	ES 2 [NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, alc. (JRY — At home, larm, specify)	street, fact	ory, office	1			CATION (Street a or Town, State)	nd Number	or Rural A	oute Number,	
	20. CENTIFIED			_									
COMPLETED	(Check only	CIAN: To the best of my ki										<u> </u>	
8	one) 2 MEDICAL EXAMINE		mon and/or investigation	n, in my o	pinion, d				a and placa, and	d due to Ih	a cause(s)	and manner as stated.	
H R	290. SIGNATURE AND TITLE OF CENTIFIER	No. 20				29c. LICI	ENSE NUI		_]			(Month, Day, Year)	
2 ∦	40. NAME AND ADDRESS DF PERSON WHO	COMPLETED CAUSE DF	DEATH (ITEM 27) (Type	Print)			0.0	C.M.	E.	SE	EPT.	23,1994	
	MARGINALM D	· KOREU			ree	t . 1	Bali	timo	re M	amı 1	and	21201	
	31. DATE FILED (Month, Day, Year) SEP 2 7 1994	32. REGISTRAR'S S	GNATURE	- 50		~, 1	<i>-</i> u <u>.</u> l	باالت ب	LC, M	aryı	and	21201	
	SEP 2 / 1994	John Dendon	free										

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

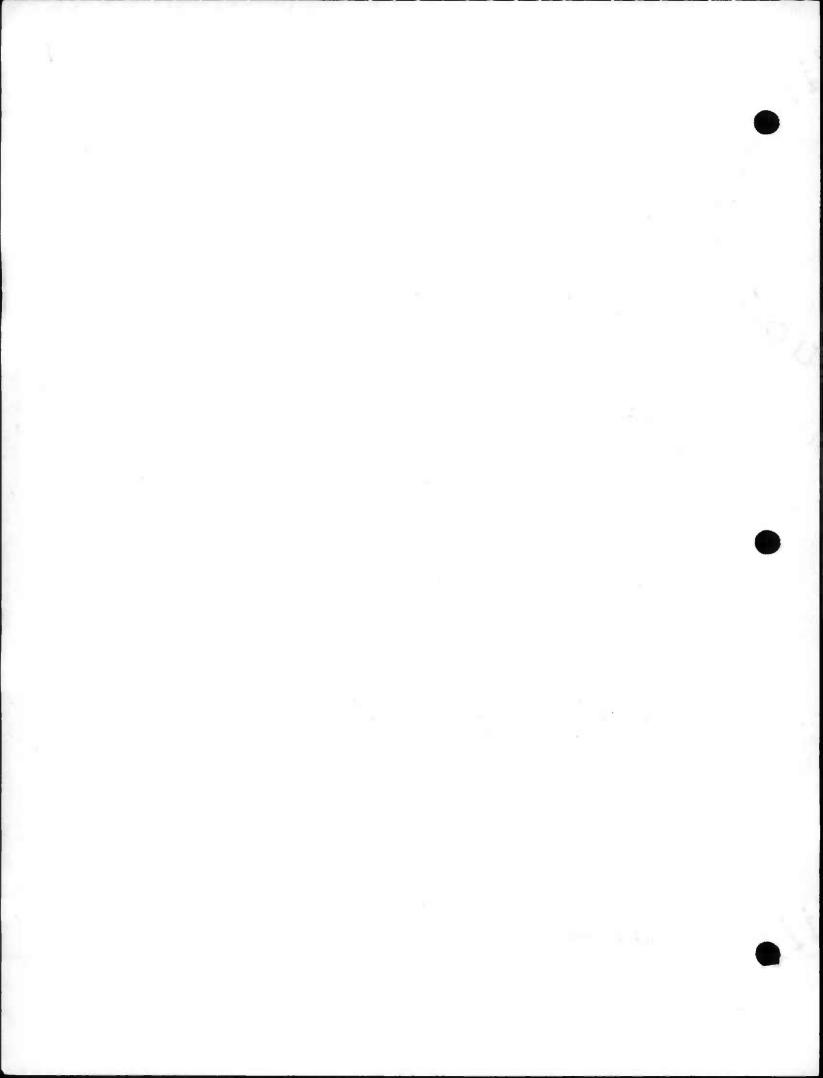
DIRECTOR	
BY FUNERAL (
BE COMPLETED	
TO BE	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

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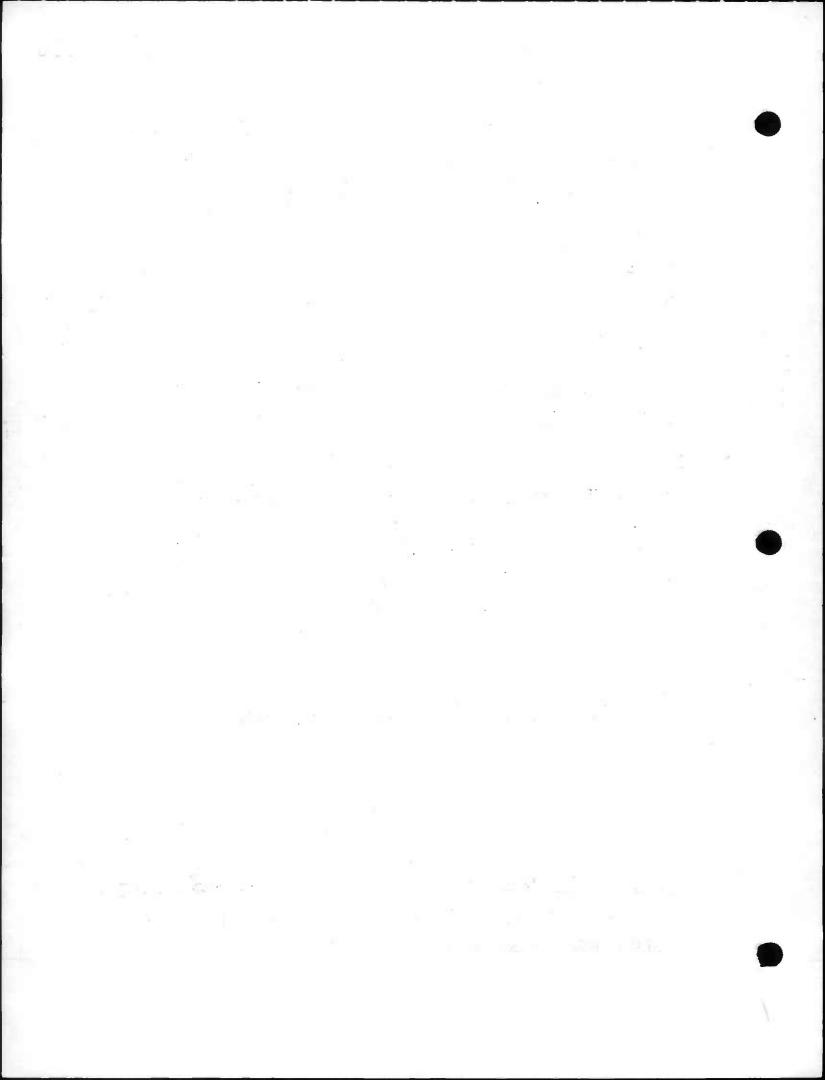
IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) HENRY W, BE	NNETTS		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 2:15A M						
	4. SOCIAL SECURITY NUMBER 257-30-8738	MBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country 7. OATE OF BIRTH (Month, Day, Year)									
O.B.	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										
AL	10e. STREET AND NUMBER	De. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF W									
FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxicar		RACE — American Indian, Black, White, atc.						
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCA	IF YES, GIVE WAR OR DATES	1 YES 2 NO Specify	16b. KIND OF BUSINESS/INDUS	Specify: Bkell						
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		done during most of working	HOLLING OF BUSINESS/INDUS	11 kelker						
	17. FATHER'S NAME (First, Middle, Last)	nott	West Co	ME (First, Middle, Maideo Surname)	and the						
TO BE	19a, INFORMANT'S, NAME (Type/Print)	Bennett HAR	RESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Co	7 / 7 2 0						
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF December by creamatery or other by	SPOSITION (Name of)	DATE 290-LOCATION - CH	or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE S Q	22. NAME AND ADDRESS OF FACE	ury range as	18 100011, 149						
	23. PART I. Enter the diseeses, or co	emplications that caused the death. Do not a	enter the mode of dying, euch	Valiable Av	t, Approximete						
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	let only one couse on each line. Attackel Ma	reel		Intervel Between Onset and Death						
NO	DUE TO (OR AS A CONSEQUENCE OF): H WAS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente Due to (or as a consequence or):										
CERT	resulting in deeth) LAST										
ICAL	PART II. Other eignificent conditions	contributing to death but not resulting in th	e underlying ceuse given in i	Pert I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
: MEDIC	DID TORACCO USE C	CONTRIBUTE TO CAUSE OF D	SEATUL VEC CT NO		OF DEATH?						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OT	26. PLACE OF DEATH (Che								
PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUP	RED						
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide e Could not be	28s. PLACE OF INJURY — At home, farm, street building, stc. (Specify)	M 1 YES 2 NO	261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,						
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only	AN: To the best of my knowledge, death occurred at	the time, data and place, and due								
COM			time, data and place, and due to the c	ause(s) and manner as stated.							
TO BE	Medrel	ue, MD	29c. LICENSE NUM	BER 29d. DAIE S	GNED (Mopth, Day, Year)						
	H. RACHOCK		ve Belt	10 21228 for	Or. DUONG)						
	31. DATE SEP 2 7 1994	32. REGISTRAR'S SIGNATURE									



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DIVISION	

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. OECEOENT'S NAME (First, Middle Last) STEVEN BARN/FS 2. DATE OF DEATH SEPT 21 1994 1225 OM
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Moght, Day, Year) MY 1 - 10 - 4687 10 -
3 should	œ	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
1, 2,	5	DINA! HOSPITAL DA TO
mit. Pages	DIRE	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VYES 2 \(\superpress{1}\) NO
DCO physiclan. burial-transit permit.	FUNERAL	100. STREET AND NUMBER Delaware Ave 21215 10g. CITIZEN OF WHAT COUNTRY?
the girl	B≺	12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 1 Never Merried 2 Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Guban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Guban, Mexicen, Puerto Rican, etc.)
	PLETED	15. DECEDENT'S EQUATION (Specify only highest grade completed) Elamentapy/Recondery (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
by the hospital	I I	John G. Banes 18. MOTHER'S NAME (First, Middle, Last) And Banes 18. MOTHER'S NAME (First, Middle, Maiden, Ourname) Midred Banes
e retained to 5 should	TO B	194 INFORMANT'S NAME (Type/Print) Barnes 196. MAILING AGORESS (Street and Number on Rural Route Number, City or Town, State, Zip Code) 2312 Magish Ave Balto and 21217
6 may be ector, page		202-METHOD OF DISPOSITION Source 200 Removal from State 200 Remov
after death. Page 6 m by the funeral director, moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE APPENDIX JE 4300 WICE GASH AVE
Nours af id in by or remu		23. PART I unter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. Liet only one ceuse on sech line. IMMEDIATE CAUSE (Final
within upletely cremati		disease or condition resulting in death) • CARDIORESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):
executed and con o burial, matic er	N O	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):
be be hor thor t	CATIO	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury c.
Hygie Hygie	ERTIFI	that initieted evente Oue TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
E Me d	AL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
aw requires that the same signed by the ppt. of Health and same any in	EDICA	PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?
law requires has been sign Dept. of Heal	N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
H as as H	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1
PHYSICIAI this certifi with the	PHYS	27. MANNER OF DEATH 280. DATE OF INJURY (Month Dev Man) 280. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED (Month Dev Man)
	B	1 Netural 5 Pending 2 Accident Investigation 2 Solider Investigation 2 Re PLACE OF INJURY At home form street feelon office.
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide determined building, stc. (Specify) City or Town, State)
TO THE HOSPITAL OR A TO THE FUNERAL DIRE BE filed within 72 hours IMPORTANT: If item	1 - 1	29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) end menner se stated.
TO THE H TO THE FI De filed w	O BE	296. SIGNATURE AND TITLE OF CERTIFIER Q - Q . VNOWG M D. 29c. LICENSE NUMBER 29d. OATE SIGNEO (Morrith, Day, Year) SEPT 21 1994
	F	A.J. Montes MD Sinai Hospital of Batimore
		31. DATE FILEO (Month, Day, Year) SEP 2 7 1994 Juli Sanien Russes



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.

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FOR 1 - STATE

_	REGISTRAR				CERTIF	ICATE	UT L	JEAIN	REG. I	IO.			
	1. DECEDENT'S NAME (First		BRC	200KHART 2. DATE OF DEATH MONTH DU					AV QYEAR 7 00 A				
	4. SOCIAL SECURITY NUMBER		JOHN 5. SEX	8. AGE (In yra	s. last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF BIRTH	70	8. BIRTH	IPLACE (State or Foreign	
	216-05-2095	76		YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year)			1917	Country)					
œ	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TO	OWN OR	LOCATION OF DE	ATH	9c. CO	UNTY OF D	EATH	
DIRECTOR	4 RAILROAD AVENUE RESIDENCE OF DECEDENT					BALTIMORE BALTIM					MORE		
2	10a. STATE 10b. COUNTY					Y, TOWN OR	LOCATIO	ON				10d. INSIDE CITY LIMITS?	
	MARYLAND BALTIMORE					ALTIMO	RE					1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER										10g. CITIZEN OF WHAT COUNTRY?		
ÿ l	4 RAILROAD AVENUE							2.	1209		USA		
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1						IC ORIGIN? (Specify 1, Puarto Rican, atc.)	Yee or No-	14. RACE Black	— American Indian, k, White, etc.	
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V	WW I				NO Specify			Speci		
		EDENT'S EDUC	CATION								<u> </u>	WHITE	
	(Specify onl	y highest grade	completed)		(Give kind of life. Do NOT us	work done dun	ing most	of working	16b. KINO OF	BUSINESS/IN	IDUSTRY		
7	Elementary/Secondary (0	0-12)	College (1-4 or 5	·)		PLASTE			,	T 7 C mm	DING		
COMPLETED	17. FATHER'S NAME (First, M	liddle (ast)				TINGIL				LASTE	RING		
	BENJAMIN O.		ARTCD				- '	ANNA J	ME (First, Middle, Mail	len Surname)			
BE	19a. INFORMANT'S NAME (PHILIDIA.	_	405 88411 1010	10000000 (
임	BENJAMIN O.		מד. יחסגו						loute Number, City or		. ,		
	20a. METHOD OF DISPOSIT		IAKI, UK.		CEANDDATE				ALTIMORE,				
	1 Burial 2 Crematic	n 3 Reme	oval from Stata		CEAND DATE				1	LOCATION -		1.00	
	21. SIGNATURE OF FUNERA			I E DO	OTD KTI			ADDRESS OF FAC	9/28/9# E	ALTIM	ORE,	RE, MD.	
	- Sulm	61	Jalan			RU	CK :	TOWSON I	FUNERAL H				
	23. PART I. Enter the d	Iseasas, or c	omplications that	t caused tha	death. Do	not antar th	a moda	YORK ROZ	D TOWCON	spiratory a	212(rrest,	4 Approximata	
	shock, or h IMMEDIATE CAUSE (Fir	shock, or haart fallura. List only one cause on each line.											
ŀ	disease or condition		PAN	CRF	AS	ts cancer							
	resulting in death)		DUE TO	(OR AS A CON								-	
2													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):							
E	resulting in death) LAS	т (d										
2	PART II. Other significa	nt condition	s contributing to	death but n	ot resulting	In the unde	rlylno c	cause alven In	Part I 24c MBC	AN AUTOPSY	, 045	WERE ALTOROV ENIONIOS	
EDICAL			_ continuating to	Cautii Dat II	ot rasulting	in the dilde	nying c	cause given in	PER PER	ORMED?	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					_				1 YES	2 NO		OF DEATH?	
Σ	DID TOBACC	O LISE (CONTRIBUTE	TO 64	LICE OF	DEATL	l VE	C [NO				1 TYES 2 NO	
A B	25. WAS CASE REFERRED TO		CONTRIBUTE	10 0	AUSE OF								
PHYSICIAN:	EXAMINER3	O MEDICAL	HOSPITAL:	1		OTHER:		CE OF OEATH (Che		1100	PIC	0	
₹	1 YES 2 NO		1 Inpatient 2 28s. OATE OF		1 3 DOA				Other (Specify)			2	
	V	Pending	(Month, D			JURY	WORK	K?	28d. OESCRIBE HO	W INJURY O	CCUREO		
B	2 Accident	Investigation	20 BLACE O	E IN HIEW A	1.5			S 2 NO					
		Could not be detarmined	building,	F INJURY — A atc. (Specify)	it noma, tarm,	atreet, factory	, offica		28t. LOCATION (Str. City or Town, St		er or Rural F	Route Number,	
<u>L.</u>					-				-				
COMPLET									to the cause(a) and			_ {	
ő	2 MED	ICAL EXAMINE	R: On the beals of a	xamination and	i/or investigation	on, in my opin	ilon, desi	ith occured at the	time, deta and place	and dua to	the cause(s) and manner as stated.	
BEC	296. SIGNATURE AND TITLE	OF CERTIFIEF					2	29c. LICENSE NUN	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
	Kendal	le L	faul	ever	1 MC		1	02566	1-3	DG.	1/20	5/94	
유	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)					1	/	
	DR. KENDAI	LL FAID	LKNER 2	300 DU	LANEY	77.Τ.ΤΔ7 <i>.</i>	חק ז	TYNIATO	ON MD	21204			
	31. DATE FILED (Month, Day,	Year)	A2. REGISTRA	SIGNATUR	RE	-734 [[117]	- 1117	LOWO	21N g 22H J	16114			
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and remains and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) EIMMER RETD BI	MONTH DAY YEAR									
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF			1510 M		
1	215-30-0594		95 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,		Country	YLAND		
~	9e. FACILITY NAME (If not institution, give str			•	OR LOCATION OF D	EATH	9c. COU	INTY OF DE	ATH		
TOT:	CHURCH HOSPITA	<u>L</u>		BALT	IMORE						
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			- 1	10d. INSIDE CITY LIMITS?		
	MARYLAND		BA	BALTIMORE					1 YES 2 NO		
RAL	100. STREET AND NUMBER	VID CMDEEM		10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	101 NORTH BOT	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	21231 ENDENT OF HISPAI	NIC ODIGIN2 (See		S.A.	American Indian		
В	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	2 NO Specif	en, Puerto Ricen,		e or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
E	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S L	JSUAL OCCUPATION done during mo	ON set of working		OF BUSINESS/IN	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			EABODY				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		TEACHE	R (MUS	16, MOTHER'S NA		STITUTI	<u> </u>			
Ö	RANDOLPH BURGI	ESS				I ZIMMI	,				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street &	and Number or Rural			p Code)			
2	CLEVELAND MILLI	ER	250	WEST P	RATT SI	REET I	BALTO.	,MD.	21201.		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ramo		PLACE AND DATE OF tery, crematory or oth RKWOOD		inie of		20c. LOCATION —				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		RKWOOD		ID ADDRESS OF FA		PARKV	[LLE	, MD.		
	· William	C. Parsi	11_	HEN	RY W JE	NKINS					
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) a. ASCVD										
		DUE TO (OR AS A	CONSEQUENCE OF	:							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	•									
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	1							
SER	resulting in death) LAST										
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO										
DIC	- World						YES 2 NO	1 1	COMPLETION OF CAUSE OF DEATH?		
ME	Vehrgaralla								1 TES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERTAI	N 🔲 📗					
SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpe		OTHER:	e 5 🗆 Reeldenca	e Coher (Sono	46.1				
μ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ			HOW INJURY OC	CURED			
BY	1 X Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	rES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, tarm, st	tarm, street, factory, office 28			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
7		IAN: To the best of my knowle									
S	one) 2 MEDICAL EXAMINER	On the basis of examination	end/or investigation	, in my opinion, d	eath occured at the	time, date end pl	laca, end due to ti	ha ceuse(a)	and menner ee stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER DUICENSE NUMBER									Month, Day, Year)		
<u>و</u>	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLSE OF DEAT	IN /ITEM AT AT	Delet	V7035	0		1/20,	194		
1	N. NAVARRO M.		BROADV	,	тто мто	2122	11				
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNA	TURE	MI DA	JIO., MD	• 4143	1 +				
	SEP 2 7 1994	John Dandem-K	mene								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local clean. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND	DEPARTM	ENT OF HEALTH AN	D MEN	TAL HYGIEN REG. NO					
Ţ,	1. DECEDENT'S NAME (First, Middle, Last)	<u>JEITTII TOI</u>	AL OF BEATT	2. D	ATE OF DEATH			3. TIME OF DEAT	ГН	
,	MARY BROOKS BALTZELL			Se	pt. 25,	1994	YEAR	3:25	Dм	
151	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	**	UNDER 1 YEAR IF UNDER 24 HE	RS. 7. D.	ATE OF BIRTH Month, Day, Year)			IPLACE (State or Fo	oreign	
	217-07-6922 1 □ M 2 🖫 F 98 98. FACILITY NAME (if not institution, give street and number)	YRS.	CITY, TOWN OR LOCATION O	" De	ecember 5,	1895	Mar	yland		
DIRECTOR	Manor Care Ruxton	100	Towson				.timo			
Ä	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION					10d. INSIDE CITY	,	
	Maryland Baltimore	Timo						1 X YES 2 🗆	NO	
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF V 109. CITIZEN OF V 109. CITIZEN OF V 109. CITIZEN OF V									
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HIS	SPANIC OF	RIGIN? (Specify Yes			— American India	90	
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	Мо	If yea, specify Cuban, Me				Specia	, White, etc.	,	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USU	AL OCCUPATION done during most of working		16b. KIND OF BUS	SINESS/INDI	JSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use ret	red.)	ŀ						
N N	12 years D	ress De	signer/Sales		Fashio					
	William H. Brooks		Mary	- ,		Sumame)				
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number or Re			n, State, Zip	Code)			
2	Betty Ann Hauf (daughter)	344 Pres	sway Rd. Timo	oniun	n, MD 21	093				
			sposition (Name of Cemetery Sej			CATION — C		.,	1	
1	4 Donation of Other (Specify) DYUI	.и кладе						Marylan	ıa	
	Thomas Joseph Bozek		22. NAME AND ADDRESS OF Mitchell-Wie 6500 York Ro	edefe	eld Home	Inc.	2121	12		
	23. PART i. Enter the diseases, or complications that caused the	deeth. Do not e						Approxim	āta	
	ehock, or heart failure. List only one cause on each if IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Te =	Trobe					Oneet end		
TION	Sequentielly list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
EH	d									
	PART II. Other significant conditions contributing to death but no	t resulting in th	a underlying cause giver	in Part	I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FI		
PHYSICIAN: MEDICAL					1 YES 2	□ NO		OF DEATH?	CAUSE	
Σ	DID TOBACCO USE CONTRIBUTE TO CAI	USE OF D	FATH YES I N	10 M				1 YE\$ 2	NO	
NA I	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH		-				-	
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetlent	3 DOA 4	HER: Nursing Home 5 - Resider	nca 8 🗆 (Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO		DESCRIBE HOW I	NJURY OCC	URED	**		
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At building, etc. (Specify)	, factory, offica	26t.	LOCATION (Street & City or Town, State)	and Number of	or Rural A	loute Number,			
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, one)									
	one) 2 MEDICAL EXAMINER: On the basis of examination and/	or investigation, in			deta and placa, an				tated.	
TO BE	296. SIGNATURE AND THREE OF CERTIFIED		29c. LICENSE	12E	349	29d. DATE	SIGNED -	(Month, Day, Year) 26 - 9	4	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I			.,						
-	A.H. Ghiladi M.D. 7600 Osler Dr. 31. DATE FILED (Month, Day, Year) SEP 2 7 1994 July Drugler Registrates SIGNATURE		rson, MD 2120)4						
100	SEP 2 7 1994 Julia Studior Revell									

SEP 27 199A Marie during

14.

YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 X YES 2 NO

Black

Approximate

interval Batween

Onset and Death

MONTHS

24b. WERE AUTOPSY FINGINGS

1 YES 2 NO

OF OEATH?

29d. DATE SIGNED (Month, Day, Year)

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AVAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign Country)

Maryland

Carroll_County

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

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REG. NO.

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONT Oscar R. Brown 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 218-26-3403 01-14-1928 66 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 Carroll County General Hospital Westminster RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Carroll County Westminster permit. 10s. STREET AND NUMBER FUNERAL 101, ZIP CODE 30 Locust Street #113 burial-transit 21157 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced the SP COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY USe (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) 0 Elementary/Secondary (0-12) College (1-4 or 5+) 12 Truck Driver detached Transportation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 8 to Oscar Edward Brown Dorothy Virginia ? BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Mary A. Brown 30 Locust Street #113 Westminster, MD 21157 9 20s. METHOD OF DISPOSITION
1 (2 Burlet 2 Cremellon 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must director, Garrison Forest Vet Cem. 9/28/\$4 Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Muan Sykesville, MD 21784 (410)-795-1400 the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, AG U ahock, or haart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final cremation, the disease or condition CARCINOMA OF LUNG (R) event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. other traumatic CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 6 the atten Mental h injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY DIVISION OF VITAL RECORD signed by t Health and that any SEPSIS 1 TYES 2 CAND Shows INSULIN DEPENDENT DIBBETES MELLITUS been . PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has by within 72 hours after death with the State Dept. TANT: If Item 28 is marked, or Item 23: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Homa 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ED 4 Homicide COMPLET 29s. CERTIFIER

Chack and

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL OF BE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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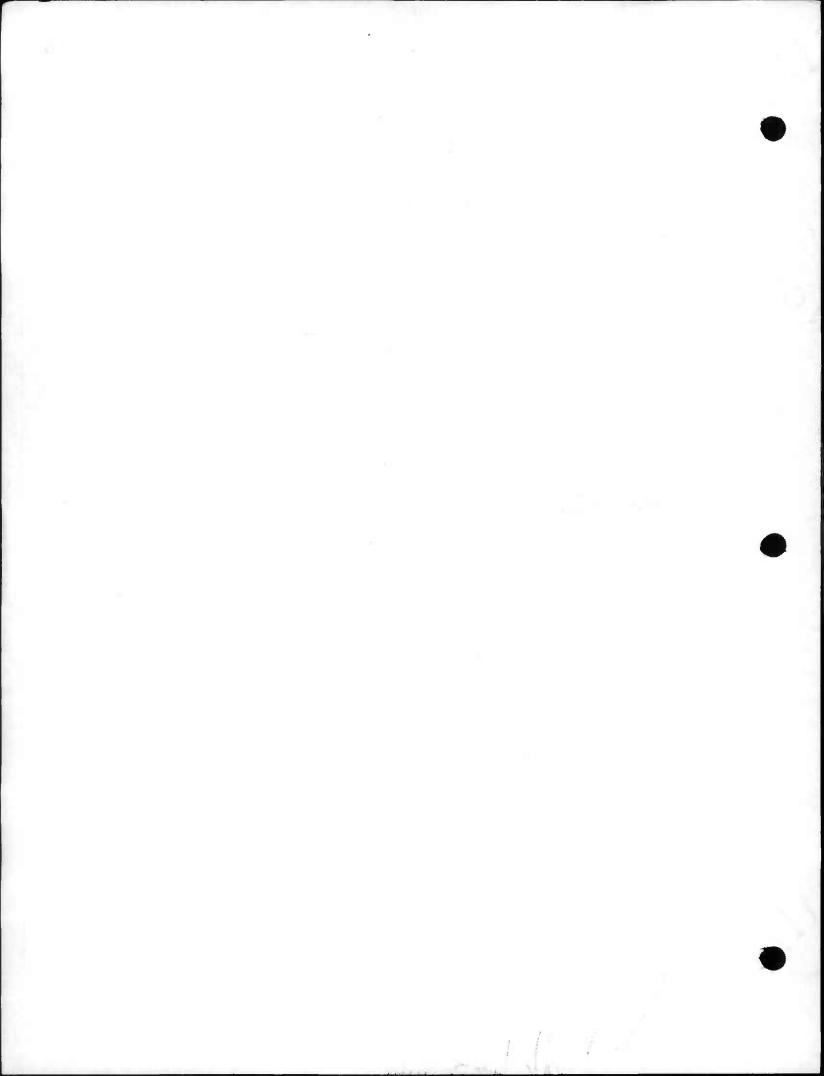
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2. DATE OF DEATH SAT 17 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH TAVON BARNES 9/4AR Barnes 1136 nova 09 7 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 213-70-202 1 M 2 F YRS. 11/07/57 this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. 9a. FACILITY NAME (If not institution, give street a 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Correctional Inst DIRECTOR Hos. ing to u Q RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION INSIDE CITY Washington Co Maryland Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY Maryland Correctional Inst. armours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 ND ВУ Specify 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Romald, Wade, Dir State Anatomy Board 655W.Baltimore St.Balto,MD21201 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final ÷ disease or condition 1000 within event, resulting in death) DUE TO (OR AS A CONSCOUENCE OF) law requires that the death certificate be executed traumatic CERTIFICATION DUE TO JOR AS Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury wo N or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any Injury, PART il. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 1 | YES 2 | 10 Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: patient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED FUNERAL DIRECTOR: After this c within 72 hours after death with 28 is marked, 1 Natural 5 Pending BY 1 YES 2 ND 2 Accident 26a. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 29a, CERTIFIER 1- CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, THE Year) 뿚 BE rave 914 9 8 1 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 31. DATE FILED (Month, Day, Year) SEP 2 7 32. REGISTRAR'S SIGNATURE 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. The hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last) Tinothy Bcc	TIMOTHY		BROX	TON		H9-15-9	4 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 263 39 8986	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Vines)									
	9a. FACILITY NAME (If not institution, give s		YRS.	9b. CITY, TOWN	OR LOCATION OF D	3-27- EATH		OF DEATH			
DIRECTOR	University Hospital Baltimore na										
JIRE(10a. STATE 10b. COUNT Maryland Ann	v ne Arundel (Y, TOWN OR LOCA				10d. tNStDE CITY LIMITS?			
	10e. STREET AND NUMBER	re Arunder (20	Jessu 10	7. ZIP CODE		10g. CITIZE	1 YES 2 NO			
FUNERAL	House of Corr	ection 12. WAS DECEDENT EVER IN I	U.S. ARMED	12 WAS DE	20794	NIC ORIGIN? (Specia	1. You as No. 44	. RACE — American Indian.			
BY FL	s.)	Black, White, atc. Specify: Black									
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ost or working						
E COM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Mi	eiden Surneme)				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number, City o	r Town, State, Zip Co	ode)			
	20e. METHOD OF DISPOSITION 1 Generation 3 Generation 3 Generation 5 Ge	ovat from State campt	tory cramatory or o	OF DISPOSITION (Na ther plece)	ame of	OATE 20	c. LOCATION — CIT	y or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Ronald Wa	ąde, Di		NO ADDRESS OF FA	nore St	e Anato,	my Board MD21201			
	23. PART I. Entar tha diseasas, or shock, or heart failure.	complications that caused t List only one ceuse on eac	tha death. Do r	not anter the mo	de of dying, suc	ch as cardiac or i	aspiratory arres	Approximata			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Over whele	ser	· 5.5				Onset and Death			
z		OUE TO (OR AS A C	CONSEQUENCE O	F):							
ATIO	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING	OUE TO (OR AS A C	CONSEQUENCE OF	F):							
CERTIFICATION	CAUSE (Disease or Injury thet initieted events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF	F):							
AL CE	PART II. Other significant condition	as contributing to death but	t not resulting	In the underlyin	g cause given in	Part i. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICA	PERFORMED! AMALABLE PRIOR IO										
Σ	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🖸	Y UNCERTAL			1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEAT	TH (Check only one)							
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpet 28e. OATE OF INJURY	28b. TIM	4 Nursing Horn	URY AT	6 Other (Specify, 28d. OEŞCRIBE H	OW INJURY OCCUP	RED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	-	M 1 🗆	PRK? YES 2 NO						
Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street end Number or Rural Route Ni building, etc. (Specify)								Rural Route Number,			
COMPLETE		CIAN: To the best of my knowled						euse(a) and menner ea stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	100	60		29c. LICENSE NUI		29d. OATE S	GNED (Menth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OEAT	TH (ITEM 27) (Type,	Print)	1107	207	P 9/	15/94			
	22 16.4 . 5	4									
	31. DATE FILE Magh. Day, Year) 7 1994	32 REGISTRAR'S SIGNAT	P								

Item7

Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached ours after death.

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should permit. for use as the burial-transit once. ie. notified pe must examiner attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. medical the event, traumatic that the death certificate be or other the atten signed by t Health and any has been s Dept. of H ATTENDING PHYSICIAN: The law 23 certificate h the State 28 is marked, STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF GEATH YEAR n/a GREGORY CHAMBERS Sept. 1994 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH
(Month, Day, Year)
MAY 19, 1960 6. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 36**YRS**. 1 M 2 | F MARYLAND -217-68-1123 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 713 E. Preston Street Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND n/a BALTIMORE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 713 E. PRESTON STREET 21202 STATES UNITED 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 💢 Never Married 2 🔲 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Specify: **BLACK** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complex 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 10 TΗ unemployed n/a 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
ELIZABETH WILSON DELOGA CHAMBERS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIZABETH CHAMBERS PRESTON STREET, BALTIMORE, MARYLAND 21202 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State XX Burial 2 Cremation 3 Removal from Stata MIT. ZION CEMETERY LANSDOWNE, MARYLAND 4 Donation 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME EAST 1101 E. NORTH AVENUE/BALTIMORE, MD 21202 23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition LYMPHO MA resulting in death) CERTIFICATION Sequentially list conditions. if sny, isading to immediats CRUSE Enter LINDERLYING CAUSE (Disesse or injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? 1 TYES 2 T NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO-EX PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Nome 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 28e. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT 28b. TIME OF INJURY 28d. DEŞCRIBE NOW INJURY OCCUREO 1. Natural 5 Pending 1 YES 2 NO В -2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide -29a, CERTIFIER 1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the begin of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(s) and mennar on stated. 296. NIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) WANHZI M N. EUZAW 118

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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31. DATE FILED (Month, Day, Year) SEP2 7 1994

30. NAME ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. H. GHILADI 7600 OSLER DRIVE TOWSON, MD.

JELER DE JERRES SIGNATURE

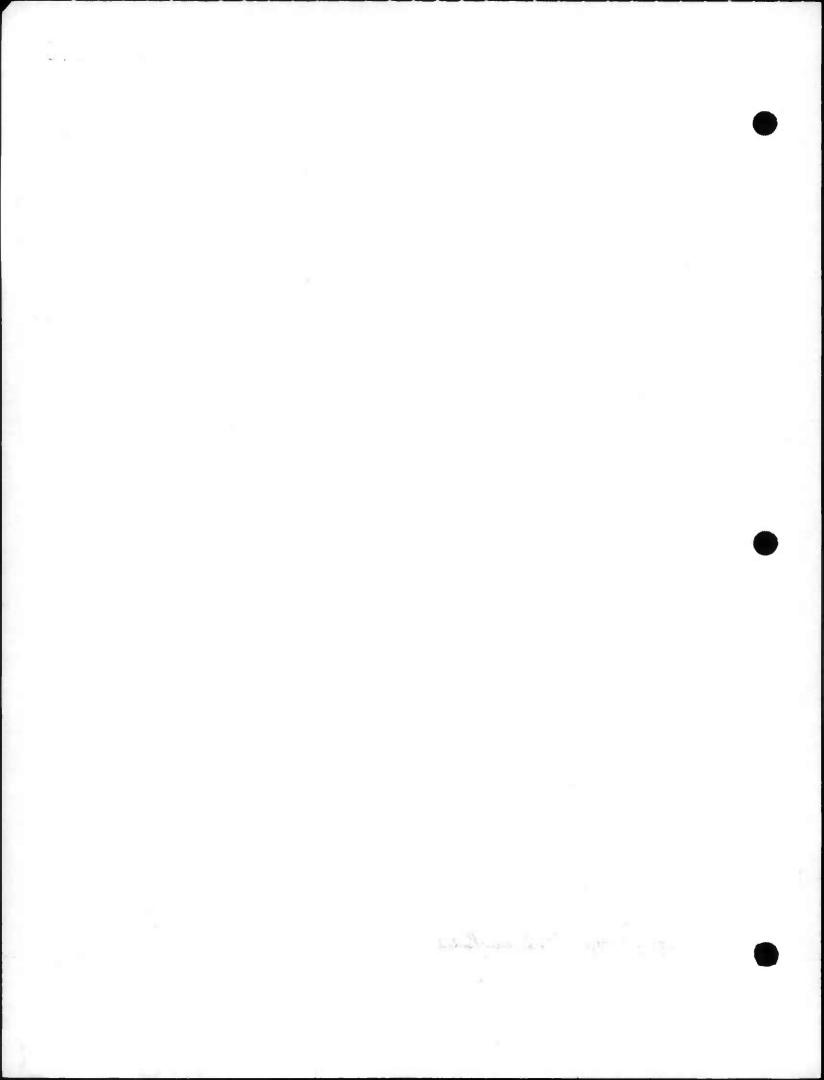
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Pages 1, 2, 3 should other traumatic event, the medical examiner must be notified at once. Injury, or 23 shows any certificate has been h the State Dept. of HOSPITAL OR ATTENDING PHYSICIAN: The law 6 this c is marked, After DIRECTOR: /

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR MARIE CONN SEPT 1994 8:17 P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 🗔 F YRS 307-60-6025 MAR. MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MANOR CARE - RUXTON TOWSON BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE GLEN ARM 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8 MAYBROOK COURT 21057 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Merried 2 Married В 1 YES 2 NO Specify: Specify: 3√ Widowed 4 ☐ Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DOMINIC FOLIO MARGARET BE SCHIAVETTI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DR. G. LEE RUSSO 8 MAYBROOK COURT GLEN ARM, MD. 21057 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Ram
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE cemetery, crematory or other place)
DULANEY VALLEY 9/27/94 TIMONIUM, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 1050 YORK ROAD TOWSON, MD. RUCK TOWSON FUNERAL HOME INC. a 23. PART I. Enter the diseesea, or complications that caused the deeth. Do not enter the mode of dying, euch ea cerdiec or reepiratory erreet, Approximate abook, or heart feilure. List only one se on each line Interval Between IMMEDIATE CAUSE (Finel **Onaet and Death** STrobae disease or condition resulting in deeth) cure 100 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 Reside 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as attend. BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) lolm 2-12849 9-26-94



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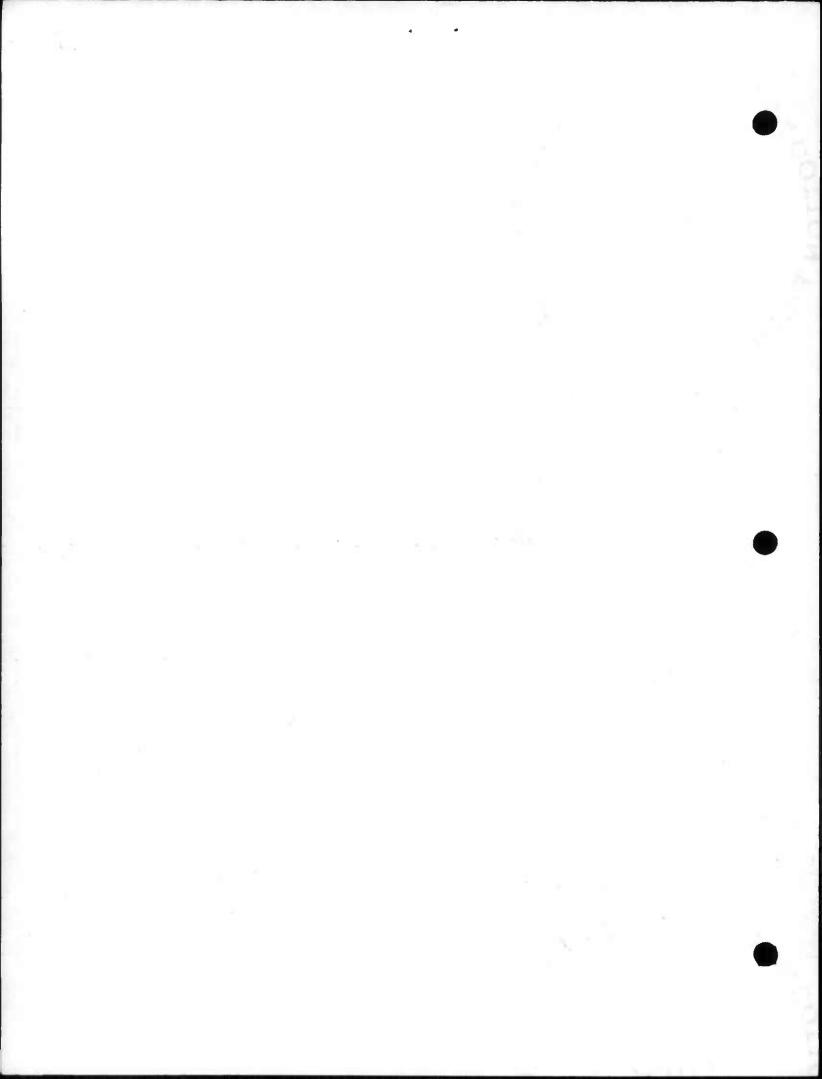
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 45 JOSEPHINE BARBARA COSSENTINO 09 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 215-12-6581 1 M 2 X F 89 Dec. 02, 1904 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland | N/A Baltimore 1 X YES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 913 Eastern Avenue 21202 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexicen, Puerto Ricen, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BΥ Specify: 3 🕅 Widowed 4 🗌 Divorced White ED 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high E Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 8 Waitress Food Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Frank Votta Susanna BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Raphael Cossentino 6217 Chestnut Oak Lane, Lutherville, MD 21093 pe must be riours after death, Page 6 may of in by the funeral director, pag 20g, METHOD OF DISPOSITION 1 Duriel 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State New Cathedral Cem. 9/28 Baltimore, MD 4 Donation 5 Don examiner LICENSEE 22. NAME AND ADDRESS OF FACILITY Lemmon Funeral Home me emmon. 10 W. Padonia Rd., Timonium, MD 21093 medical diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or heart failure. List only one cause on each line. Interval Between ö **IMMEDIATE CAUSE (Final** Onset and Death the cremation. disease or condition NONSMALL CELL WNG CANCER I and completely fi to burial, cremation reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avanta signed by the attending Health and Mental Hygier resulting in death) LAST 6 Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY **WAILABLE PRIOR TO** any COMPLETION DE CAUSE 1 TES 2 NO OF DEATH? Shows 1 TYES 2 TNO been t. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO 🗆 certificate has be the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: 1 Inpstient 2 ER/Outpetient 3 DOA 5 🗆 Reelde Other (Specify) HOSPICE 6 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 2 Accident 5 Pending Investigation М 1 YES 2 NO В After 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 3 Suicide S 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: / COMPLETED a Could not be 28 4 Homicide OH. 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. (Check only one) FUNERAL I 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, desth occured at the time, date end place, end due to the ceuse(s) end menner ee stated. TO THE HOSPITA
TO THE FUNERA
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IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE lkallmo 25643 26 94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD

32. REGISTRAR'S SIGNATURE

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31. DATE FILED (Month, Day, Year)



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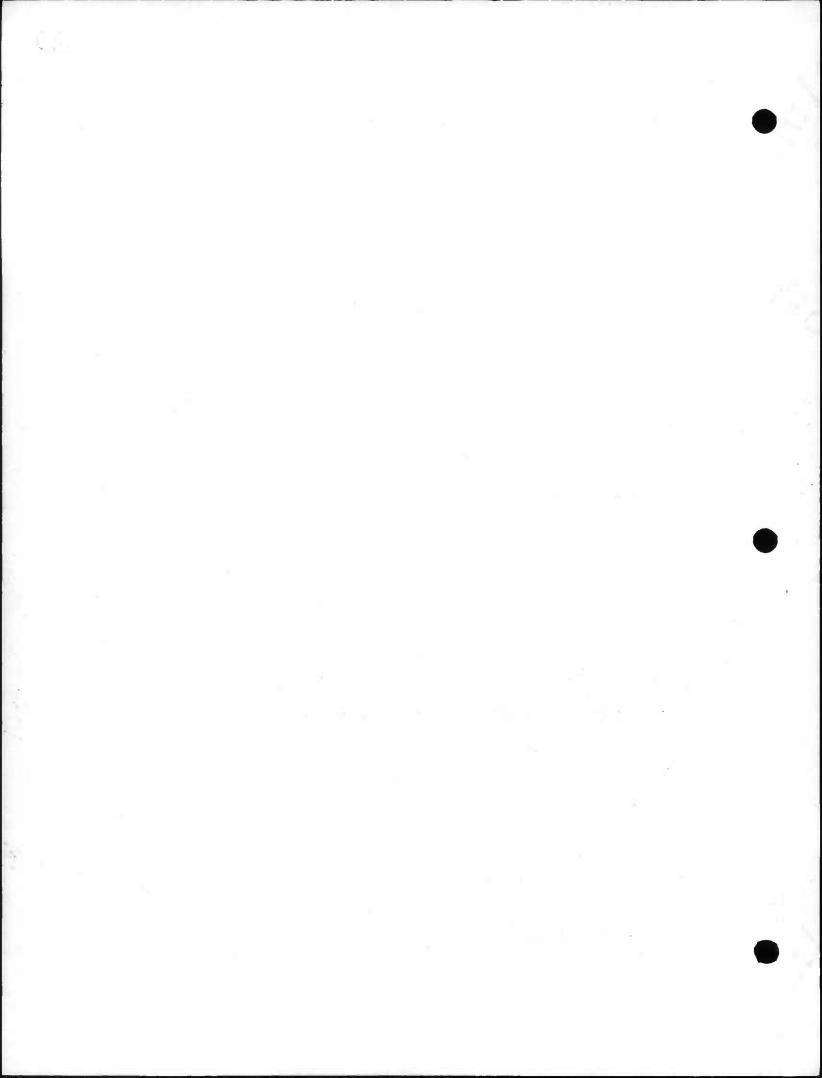
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR CARTER JAMES 4.50P 09 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 9/2/36 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-30-6585 DAYS MD Country) 1 XM 2 | F 58 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MD General Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 622 Pitcher Street page 5 should be detached for use as the burial-transit 21217 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Maxican, Puerio Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 4th laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at Thomas Carter <u>Annie Wade Carter</u> BE notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Gloria Clayton Druid Lake Drive Balto.MD 21217 pe 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must the funeral director, New Cathedral Ceme. 9/27/94 Balto.MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Albert P. Wylie F/H P.A. 638 N. Gilmor Street, Balto.MD 2121 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. filled in by Intarval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Bleeding due to Carcinoma Larynx 2 hours and completely fi to burial, cremation resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): Renal Failure CERTIFICATION Sequentlelly list conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to the attending physician Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING HIV other t CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 9 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY signed by the PERFORMED? shows any 1 TES 2 TYNO 1 YES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one. the State of HOSPITAL:
1 1 Impettent 2 | ER/Outpettent 3 | DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF OEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO marked, with After this death with 1 X Netural
2 Accident М 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S 3 Suicide 8 Could not be DIRECTOR: COMPLETED 4 Homicide 28 determined 29a. CERTIFIER
(Check only one)

1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If It 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) BE 89229 9.19.94. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Geetha Dhinakaron, M.D. c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

		1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH DEAT	AND	MENTAL	HYGIEN				
		1. DECEDENT'S NAME (First, Middle	MONTOP	De	RSE	- V				2. DATE OF	F DEATH	AY C	dear,	3. TIME OF DEA	ТН
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday) O YRS.	IF UNDER 1	YEAR	IF UNDER	24 HRS. MIN.		BIRTH Day, Year)		Countr		
3 should		212-18-34252 9a. FACILITY NAME (If not institution	A 21	9	0	9b. CITY, 1	rown c	OR LOCATIO	ON OF DI	Sept	13,		Ma.	ryland EATH	
1, 2, 3 s	CTOR	St. Agnes Hosp	ital			Ba	1ti	more							
permit. Pages	DIREC	10a. STATE 10b. 0	COUNTY	-	10c. CIT	Y, TOWN OR								10d. INSIDE CIT LIMITS?	
ermit.	A	10e. STREET AND NUMBER				Cato		111e				10g. CIT	ZEN OF W	1X YES 2 WHAT COUNTRY?	NO
Sit	1 65	19 Lincoln Ave						2:	1228	3			1	USA	
215-0020 attending physician. use as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO If yes, specify Cuban, Maxica			an, Puerto Rican, atc.) Bia			14. RACE Black Specif	- American Ind k, White, etc. fy: Black			
r attendi	8	15. DECEDENT		18a.	DECEDENT'S	USUAL OCC	UPATIO	ON	_	16b. K	IND OF BU	JSINESS/INC	DUSTRY	DIACK	
21 or u	APLET	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	(Give kind of life. Do NOT u	work done du se retired.) todia		ist of working	g	Bal.	timor	ce Ci	ty Pi	ublic S	ch
YLA by the	d at once.	17. FATHER'S NAME (First, Middle, Li Channing Dorse	У						er's NA	ME (First, Mid	idle, Maiden	Surname)	-		
, MA be retain ge 5 sho	TO B	190. INFORMANT'S NAME (Type/Prin Helen Whitake	•		196. MAILING 7233					Route Number		vn, State, Zip 1.timo:		MD 212	15
ш > е	must be	20e METHOO OF DISPOSITION 1 1 Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specific		cemetery,	EANDDATE Crematory or o	OF DISPOSIT	ION (Na	ime of		OATE	20c. L0	OCATION -	Cify or To		
ALTIMOR death. Page 6 ma s funeral director, p	examiner	21. SIGNATURE OF FUNERAL SERV	TICE LICENSEE	/	oz.awii	22. N	AME AP	ND ADDRES	s of fa	alls	tter	Fune	ral I	Homes,	Inc
Salt of the		23 PART Enter the disease	JANAV -	t sourced the	doubt Do	Ba	<u>1ti</u>	more	, Ma	rylan	d 21	1216			
nours ed in or re	e medical	IMMEDIATE CAUSE (Final	illure. List only ona cau	se on asch li	ns.								est,	Approxin Interval E Onset an	3stween
60 with mpletely fille cremation,	event, the	disease or condition resulting in death)	a	(OR AS A CONS PREL (OR AS A CONS	MOY.	Dary Fi:		Em	601	is.				30,	nin
executed and com	44	Sequantially list conditions,	bS/	P Rel	ease	9	m	116	sev-	el Ve	lock	1			
be be cian for t	FICATION	If any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury	a A	SCUD		w-									
S, P.O. Bod death certificate attending physic ental Hygiene pri	or of	that initiated avants reaulting in dasth) LAST	DUE TO	(OR AS A CONS	SEOUENCE O	F):									
S = 2 ≥	Injury.	PART II. Other significant cor	nditions contributing to	daath but no	t reaulting	In the und	erlying	g cause g	ivan in	Part I. 2	4a. WAS AN	N AUTOPSY	24b.	WERE AUTOPSY I	FINOINGS
COH ires that signed b	S 3	mulh	one mI	1 i= pa	2		_	ne A		1	PERFO	4 4		AVAILABLE PRIOR COMPLETION DF OF DEATH?	CAUSE
_ × 0 €		DID TOBACCO L	USE CONTRIBUT	E TO CA	USE O	F DEAT	H '	YES [] N	0 🔯		1		1 YES 2	NO
F VITAL SICIAN: The tar certificate has	item SICL	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatlant	3 □ DOA	OTHER:				8 Other (0				
PHYSICIA this certii		27. MANNER OF DEATH 1 X Netural 5 Pendin	26a. DATE OF (Month, D	INJURY	28b. TIM		6c. INJ WO	URY AT				INJURY OC	CURED		
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h rours after death with the State D	8 G	2 Accident Investig 3 Suicida 6 Could a 4 Homicide detarmi	28a. PLACE O building,	F INJURY — At atc. (Specify)	home, term,	street, factor			J NO	28f. LOCAT City or	ION (Street Town, State	and Number	or Rural R	loute Number,	
2 F P	If Item		PHYSICIAN: To the best of												
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 i	TANT: If ite	2 MEDICAL EX	CAMINER: On the beals of a	camination and/	or Investigation	on, in my opi	nlon, d	eath occurs			nd place, a			L	
TO THE TO THE De filed	TO BE	U	lus	~د	mi	2		1	8	82		DATE DATE	9/2	(Month, Day, Year)	
2	11/2	30. NAME AND ADDRESS OF PERS	2 And COMPLETED CAUS	E OF DEATHY	21) (1500)	1271	4							7	i i



death	fune		exan
after	by the	mova	Ical
Suns	u p	or re	med
	3	ation.	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Med in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
cuted	p con	urial,	ile e
900	וח מח	to b	uma
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2121101 21309309 1211			17 4 11						
1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF			REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	PE	SELE MARIE A	NNA DEGEL	Ε	2	DATE OF DEATH DA	194	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7	DATE OF BIRTH		S. BIRTH	HPLACE (State or Fore
215-10-4673	1 🗆 M 2 🗹 F	86 YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 2/27/1908		Mar	yland
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION	OF DEAT	Н	9c. COUR	ITY OF E	DEATH
MERIDIAN NS	G CTR-	CROMWELL	-6	ALTIA	ACVI	AYNESVILL	E-CT	PY B	BALTIMORE

	MARIE PESCH	MARIE AN	NA DEGELE		SEPT. 26	1994	9:15 A M						
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. 7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)						
	215-10-467310M2 DF	86 YRS.	MONTHS DATE	HOUNS MIN.	2/27/1908		<u>laryland</u>						
~	98. FACILITY NAME (If not institution, give street and number) MERIDIAN USG CTR - CRO		9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY							
DIRECTOR	RESIDENCE OF DECEDENT	mea	-101	TITI ALE	BAYNESVIL	E -611	BALTIMURE						
EC	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	rion			10d. INSIDE CITY						
DIR.	Maryland	В	altimor	e			LIMITS?						
	10. STREET AND NUMBER		10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?						
ER/	306 S. Collington Avenue			21231		Unite	ed States						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER II				ANIC ORIGIN? (Specify Ye	e or No- 14.	RACE — American Indien, Black, White, etc.						
BY F	1 Never Merried 2 Merried FORCES? 1 YES 3 X Widowed 4 Divorced			2 NO Spe	ican, Puarto Rican, etc.) cify:		Specific						
							White						
里	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	DN ast of working	16b. KIND OF BU	ISINESS/INDUS1	TRY						
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)		emaker										
N N	17. FATHER'S NAME (First, Middle, Leet)	HOIR	elliaker	18 MOTHER'S	NAME (First, Middle, Maider	Sumama)							
	(Unknown) Werner				(Unknown)	ourname,							
BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street)		al Floute Number, City or Tov	vn. State. Zip Coo	de)						
5	Mrs. Ruth Degele	281	7 Chris	topher	Avenue Bal	timore	, 21214						
	20e. METHOD OF DISPOSITION 200	b. PLACE OF DISPOSI	TION (Name of ce	metery, crematory of	y 20c. L0	OCATION — City	or Town, State						
	1 X Burlel 2 Cremetion 3 Removal from Stale First United English Cem. 9/28/94 Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T.	Zavoyna	22. NAME A	ND ADDRESS OF	FACILITY								
	Mach T. Zarophe Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, 21214												
		d the death. Do no			T		-						
	ahock, or heart fallure. List only one cause on each line.												
	IMMEDIATE CAUSE (FINE)												
	resulting in death) a. Alguerro	A CONSEQUENCE OF) UDLECE):										
7							į						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
CA	CAUSE (Disease or injury												
TIF	that initiated events DUE TO (OR AS a resulting in death) LAST	A CONSEQUENCE OF):										
ËH	d												
	PART II. Other algnificant conditions contributing to death it	out not reaulting in	n tha undariyin	g cause given	in Part I. 24a. WAS A		24b. WERE AUTOPSY FINDINGS						
MEDICAL					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
B				-		- 0.03	OF DEATH?						
ä													
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF OEATH	(Check only one)		L						
SIC	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER: 4 Warsing Hor	ne 5 🗆 Reeldend	ce 6 🗆 Other (Specify)								
PHYSICIA	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT ORK?	28d, OEŞCRIBE HOW	INJURY OCCUR	EO						
BY	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO									
	3 Suicide 8 Could not be 26e. PLACE OF INJUR' building, etc. (Spe	Y — Al home, farm, st cify)	treet, factory, offic	00	28f. LOCATION (Street City or Town, State		Rural Route Number,						
111													
ETE	4 Homicide determined												
APLETE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my know												
COMPLETE	290. CERTIFIER						suse(a) and manner as stated.						
SE COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of th			death occured at I	the lime, deta and place, a	nd due to the c	suse(a) and manner as stated.						
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one)	on end/or investigation	n, in my opinion,	death occured at I	the lime, deta and place, a	nd due to the c							

31. DATE FILED (MONTH, Day, Year) SEP 2, 7 1994

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event,

quires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.	th (f Health and Mental Hygiene prior to burial, cremation, or removal.	23 chour any injury or other traumatic event the medical evanience much be matitied at mace
law requires that the death certificate be executed within mours after death. Page 6 may be retained by	ed by the attending physician and completely filled in	Hygiene prior to burial, cremation, or re	the of beam medical avaminacy beam of

FOR CTATE OF MADY AND (

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIF	ICALE	OF DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) AUDREY E DI	LLOW Audre	y Ellen Dil	llow		2. DATE OF I	DEATH BA	1	YEAR 94	3. TIME OF DEATN 5:10 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF E		_		IPLACE (State or Foreign
	215-24-0819	1 □ M 2 📉 F	65 YRS.		AYS HOURS MIN.	Jan 30	y, Year)	29	Countr	YLAND
	9a. FACILITY NAME (If not institution, give s	freet and number)		9b. CITY, TO	WN OR LOCATION OF		7, 19		NTY OF D	
<u>ج</u>	and the second s							MORE		
Ĕ	RESIDENCE OF DECEDENT									
ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY		
MARYLAND BALTIMORE COCKEYSVILLE							LIMITS? X 1 YES 2 NO			
Toe. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF W							VHAT COUNTRY?			
Greater Baltimore Medical Center TOWSON BALT. RESIDENCE OF DECEDENT 108. STATE 108. COUNTY MARYLAND BALTIMORE 109. CITY, TOWN OR LOCATION COCKEYSVILLE 109. STREET AND NUMBER 4 Honey Bee Court Apt. E 21030 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Blee Baltimore Medical Center TOWSON BALT: 109. CITIZEN OF USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Blee Baltimore Medical Center 109. CITIZEN OF USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Blee Baltimore Medical Center 109. CITIZEN OF USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Blee Baltimore Medical Center 109. CITIZEN OF USA 11. MARITAL STATUS 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Blee Blee Baltimore Medical Center 109. CITIZEN OF USA 11. MARITAL STATUS 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Blee Baltimore Medical Center 109. CITIZEN OF USA 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RAC Blee Blee Baltimore Medical Center 109. CITIZEN OF USA						ISA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (S	pecify Yea	or No—	14. RACE	— American Indian, c, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I			s, specify Cuban, Maxi YES 2 NO Spe		1, atc.)		Speci	
	321 Wildowed 4 Divorced				21				WH	IITE
凹	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	work done during	PATION ng most of working	16b, KIN	D OF BUS	INESS/INC	USTRY	
iy	Elementary/Secondary (0-12)	College (t-4 or 5+)	life. Do NOT us			Con	nmerc	4.01	Cmod	14 +
₽ P	12		Secre	tary		Cor	illile I C	Lai	Cred	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) William	n T-11			16. MOTHER'S	IAME (First, Middle	e, Maiden S	Surname)		
H H	WIIIIat	n Talbott			Doro	thy Ost	tendo	TI		
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING		reet and Number or Run					
-	Joseph Lamp			911 J1	uliet Lane	Arnolo	1, MID	21	.012	
	20e. METHOD OF DISPOSITION 1	20 com State	b. PLACE AND DATE (N (Name of	DATE		ATION	City or To	wn, State
	4 Donation 5 Other Cont.		Metro Cr		rv. Inc.	SEPT	Ca	tons	vill	e, MD
- 1	21. SIGNATURE OF FUNERIAL SERVICE LIC	BISEE)		ME AND ADDRESS OF					
A	99900e11	M. Lemmon			Lemmon-Mit					
7	28. PART I. Enter the diseases of o	complications that cause	d the death. Do n	ot antar the	10 W. Pado	nla Kd.	or reaple	mon1	um,	Approximate
	anock, or haart failure.	List only one cause on	ach lina.	or annual time	mode of dying, at	cir us caronac	or reapir	atory are	031,	Intarval Between
ı	IMMEDIATE CAUSE (Final disease or condition	() Da			11					Onset and Daath
- }	resulting in death)	a. cae	ware	none	· 4, I	uy				-6mv.
- 1		00E 10 (OH AS	A CONSEQUENCE OF	F):		0				
8	Sequantially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	D.						
F	If any, leading to immediate cause. Enter UNDERLYING	00E 10 (0H A3	A CONSECUENCE OF	٠,٠						
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF							
Ē	resulting in death) LAST	out to tour no		<i>γ</i> .						j
E I		1								
	PART ii. Other significant condition	a contributing to death i	but not reaulting i	n the under	rlying cause givan i	n Part i. 24s	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL						1.0	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						' '	.20 2	M 1.10		OF DEATN? 1 YES 2 NO
Σ	DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF	DEATH	YES DA N					I TES 2 NO
4	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
	EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:						
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJURY	26b, TIM		Nome 5 Residence. INJURY AT	28d. DESCRI		JURY OC	CUBED	
- U	to Natural 5 Pending	(Month, Day, Year)		URY	WORK?	Esa. Begonii	DE HOW ME	30111 00	CONLO	
B	2 Accident Investigation 3 Suicide	26a PLACE OF INJUR	V — At home term s			201 004710	at (Carret ea	4.00		
	4 Nomicide 6 Could not be	6 Could not be hullding atc (Specify)								
COMPLETED	29e. CERTIFIER									
<u> </u>	(Check only CENTIFTING PHYSI	CIAN: To the beat of my know								
<u> </u>	2 MEDICAL EXAMINE	R: On the basis of exemination	on and/or investigation	n, in my opini	on, death occured at ti	e time, data and	place, and	dua to th	ne cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Mear)									
0										
=	30. NAME AND ADDRESS OF PERSON WH	OSTLOW /	EATN (ITEM 27) (Type,	Print) G	ERARD /	Ave 21	47	140	HIUH	ni) 21093
	31. DATE FILED (Month, Day, Year) SEP 27 1994	Janua di Butti dan	World				***			

II.

REGISTRAR		CENTIF	TCATE U	F DEATH	REG. NO	J	
1. DECEDENT'S NAME (First, Middle, Last,		14/4-14			2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
Christine Dorr							4 6:35 PM
4. SOCIAL SECURITY NUMBER 058-20-2623	1 M 2 F	E (In yrs. last birthday). 97 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 8-25-18	1-24	BIRTHPLACE (State or Foreign Country) ittsburgh,
9e. FACILITY NAME (If not institution, give				n or location of D	EATH	9c. COUNTY	of DEATH Arundel
Crofton Convales	scent Center		CIOIA)11, FID.		Allie	Munder
106. STATE 106. COUN	ne Arundel		TY, TOWN OR LO				10d. INSIDE CITY LIMITS?
	ne Alundel	CO	Crofto	101. ZIP CODE		I so- orriben	1 YES 2 NO
2131 Davidso	nville Roa	d		21114			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 NO Speci			RACE — American Indian, Black, White, etc. Specify: Vhite
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	work done during	ATION most of working	16b. KIND OF B	USINESS/INDUST	
Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Seame					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meide	n Surname)	
John	Malarik			No. of the			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stre	et end Number or Rural	Route Number, City or To	wn, State, Zip Coo	ie)
John Dorr		1706	Tiptor	Drive, C	rofton, M	D 2111	4
20s. METHOD OF DISPOSITION 1 Graph Buriel 2 Gramation 3 Res 4 Donation 5 Other (Specify)		emetery, crematory or	OF DISPOSITION			OCATION City	
23. PART 1. Enter the diseases, or ahock, or heart fellure	. List only one ceuse on	each line.	not enter the	mode of dylng, su	ore St, E	Balto, N	
disease or condition resulting in death)		S A CONSEDUENCE D		Jarlin	7		1m
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS	S A CONSEDUENCE O	OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	OF):				
DARTE II. Oak-a alantificant and dist-	one contributing to deeth	but not resulting	In the underly	ying cause given Ir	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FIN
Hypo	natiemia				1 YES	2 AND	AMAILABLE PRIOR TO COMPLETION DF CA DF DEATH?
E advance	ed age of 9	7					1 TYES 2 N
	inapproper	nto arte	duret	is harm	none		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	PLACE DF DEATH (C			
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE DF INJUR (Month, Day, Year	Y 28b. Til	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
3 Suicide 6 Could not be determined	28s. PLACE OF INJU	RY — At home, farm, pecify)	street, fectory, o	ffice	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
(Check only	SICIAN: To the best of my kn						nuee(a) end manner aa ste
29b. SIGNATURE AND HTLE OF CERTIFIE	ER .			29c. LICENSE NU	MBER 7)	29d. DATE SI	GNED (Month, Day, Year)
O 30. NAME AND ADDRESS OF PERSON W	YHD COMPLETED CAUSE DF	DEATH (ITEM 27) (Typ		1001) ()	1 4	124/19
Paul Berez.	MO 1655	Crofte		vd sw	to 101 a	often 1	n021114
SEP 2 7 1994	3. REGISTRAR'S SI	CNATURE					

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BALTIMORE, MARYLA	wire office doubt Doog & man be seen and her other
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	30.00
AL RECORDS, P.O. BOX 68760,	a law comittee that the death configurate he accompany with
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CORD	ion that the
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DIVISION OF VIT

ND 21215-0020

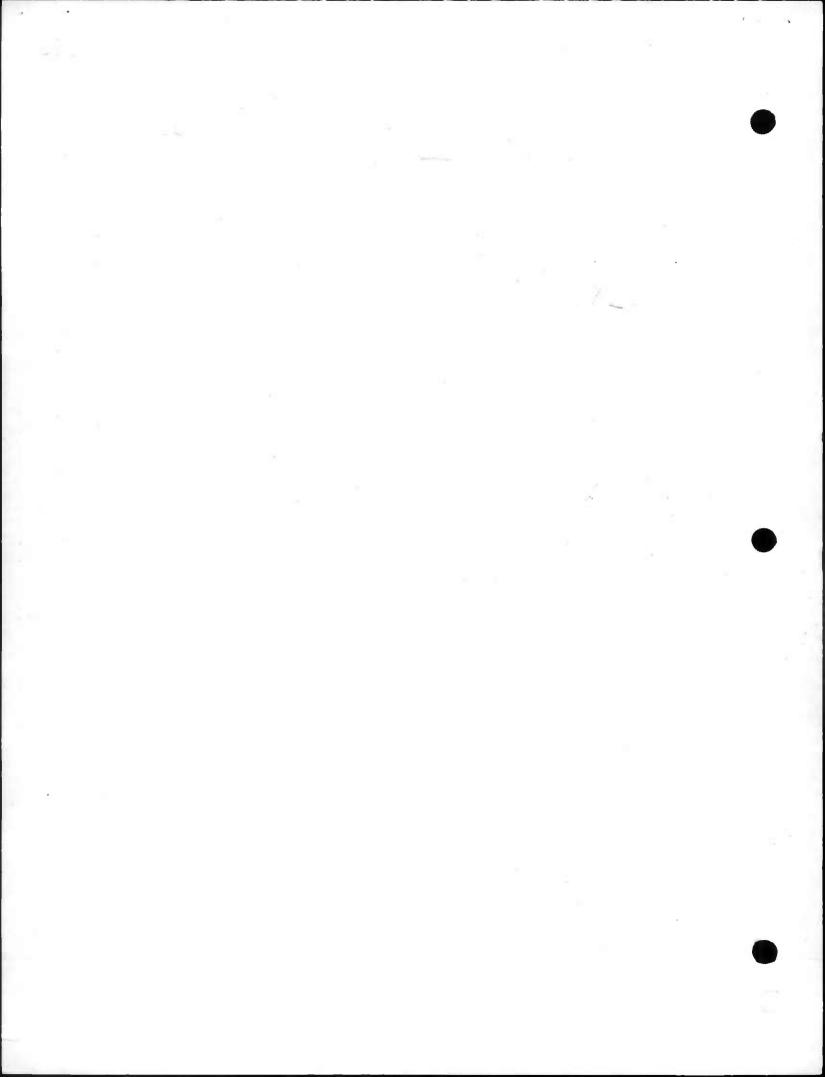
the hospital or attending physician. detached for 2 funeral director, page 5 should be the filled in by physician peen The OR ATTENDING PHYSICIAN; HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Sr EVANS MAJOR 09 94 12:05 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 244-12-0 1 M 2 F . C use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hospita 1ercy Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto Yloryland 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? Seton 3400 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried ВУ 1 TES 2 NO Specify. 3 Widowed COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ndary (0-12) College (1-4 or 5+) Board Education 94 once. 17. FATHER'S NAME (First, Middle Last) Evans 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 195 MAILING AOORESS (St 2 ma to Md 2/2/2 pe 20a. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION must 1 Buriel 2 Cremation 3 Donation 5 Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE LICENSEE examiner Vala 00 medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. intarval Batween 0 IMMEDIATE CAUSE (Final Onset and Death cremation, traumatic event, the and completely file to burial, cremation disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) upotension CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 it any, leading to immediate cause. Enter UNDERLYING Hygiene prior piratory Vistress CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa by the attending and Mental Hygier resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any demostia signed t 1 TES 2 NO OF DEATH? Shows 1 - YES 2 NO 0 certificate has been the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Item **EXAMINER?** HOSPITAL: OTHER: 1 - YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence S - Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural м 1 YES 2 NO DIRECTOR: After the hours after death ВҰ Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 59 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 item 29a. CERTIFIER t Terrifying Physician: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurs at the time, date and piece, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21202

37. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) EP 27 1994 La Borwit

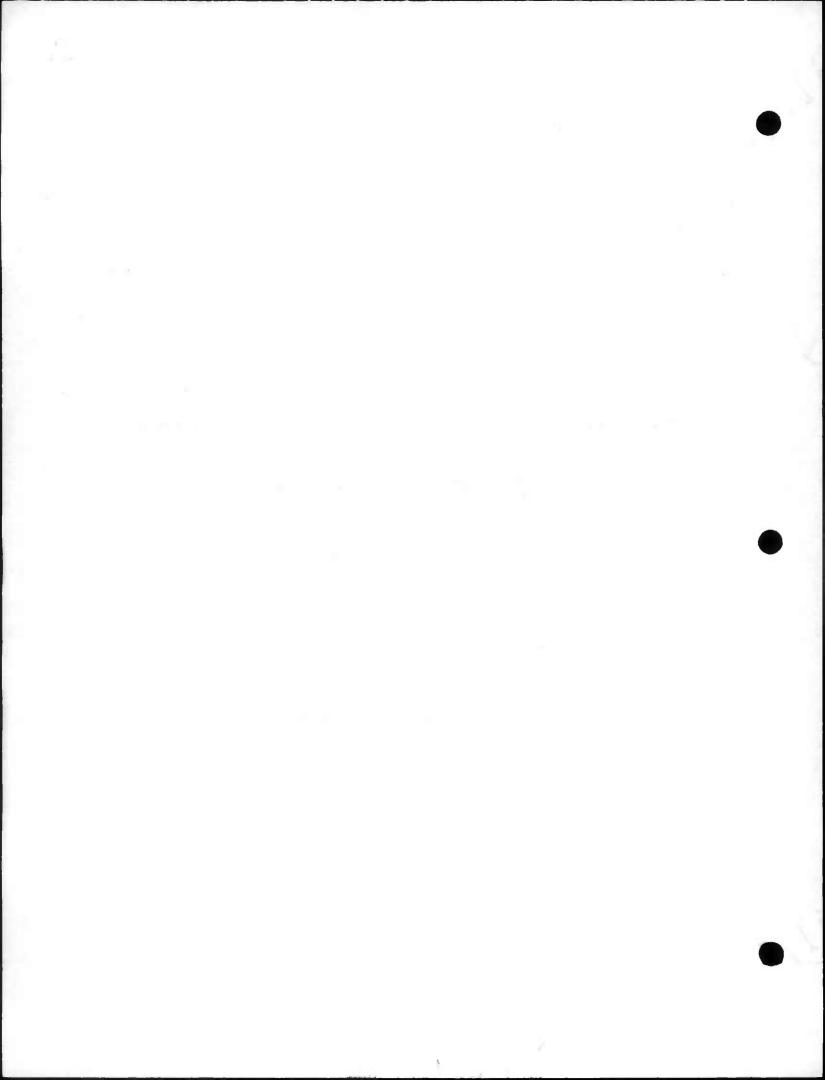


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and other laws after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumadic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CEI	RITTE	CALL	DEA	111	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) Horteuse for	wor						2. DATE OF DEATH MONTH DA		YEAR 3. 1	3/0 pm m
	4. SOCIAL SECURITY NUMBER		(In yrs. last b		IF UNDER 1 YEAR	IF UNDER	,	7. DATE OF BIRTH (Month, Day, Year)	1	6. BIRTHPLAC	CE (State or Foreign
9	016-12-9268	1 🗆 M 2 🗗 F	89	YRS.	ONTHS DAYS	HOURS	MIN.	06-27-190	5	New	York
_	9e. FACILITY NAME (If not institution, give s	street and number)		1	9b. CITY, TOWN	OR LOCATI	ON OF DEA	ATH	9c. COU	NTY OF DEATH	
0	Westminster Con	valescent Ho	me		Westminster				Carroll County		1 County
B	10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION				10d	. INSIDE CITY
DIRECTOR		oll County			Woodbine				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
\¥	10e. STREET AND NUMBER									TIZEN OF WHAT COUNTRY?	
FUNERAL	15811 A.E. Mullinix Road				21797 U.S					U.S.A	•
Ξ	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq \text{ YES}	IN U.S. ARME S 2XXNO	ED	13, WAS D	ECENDENT C	OF HISPANI on, Mexican	C ORIGIN? (Specify Yee , Puerlo Ricen, etc.)	or No-	14. RACE — A Black, Wh	Americen Indien, nite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 ☐ YES 2 X NO Specify: Spe					Specify:	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	kind of wo	SUAL OCCUPA rk done during i		ng	16b. KIND OF BUS	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		e NOT use	retired.) t Mana	or		, R	esor	+	
S	17. FATHER'S NAME (First, Middle, Last)		10	CSOL	c Halla		HER'S NAM	ME (First, Middle, Maiden		L	
BE C	Richard K. V	ittaly					Eliza	abeth Man	n		
5 B	19e. INFORMANT'S NAME (Type/Print)		19b. I	MAILING A	DDRESS (Stree			oute Number, City or Town		Code)	
	Mrs. Jean K. Ste	ves	1.	5811	A.E.	Mulli	nix F	Road Woodb	ine,	MD 21	797
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	NOTT	D DATE OF	disposition (er place) atham	Name of Cemet	ery 9	DATE 20c. LO	cation -	City or Town, 1 Chathai	State M , NY
	21. SIGNATURE OF FUNERAL SERVICE LI	CBHSEE		-	22. NAME	AND ADDRE	SS OF FAC	ILITY			
	> Brian &	Hay	5	_	Syk	esvil	le, M	AL HOME (AD 21784 (410).	-795-1	
	23. PART I. Entar tha diseases, or ahock, or haart failure.	complications that cause List only one cause on	ed the deat	th. Do no	t anter tha n	noda of dy	ing, such	as cardiac or reapi	ratory an	rest,	Approximata Intarvai Between
	IMMEDIATE CAUSE (Final								Onset and Death		
	reaulting in daeth) a. Submit 4 east Visecus.								1 year.		
,	DUE TO (OR AS A CONSEQUENCE OF):									,	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
빌	that initiated evants resulting in death) LAST	DUE TO (OR AS	A CONSEOU	ENCE OF):	:						
띩		d									
	PART II. Other significant condition			ulting in	tha underly	ng cause	given in F	Part I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
EDICAL	Possible &	LA BORYCEMII	4					1 YES 2	. /	CON	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME		// / /						_			YES 2 NO
	DID TOBACCO USE	CONTRIBUTE TO	CAUSI	E OF	DEATH	YES [] NO				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Che	ck only one)			
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER/Ou		DOA 4	Nursing He			8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		286. TIME INJUI	RY	NJURY AT YORK? YES 2 [28d. DESCRIBE HOW II	NJURY OC	CURED	
8	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJUI building, etc. (Sp	RY — At home secify)	e, farm, atr	eet, factory, of	lica		28f. LOCATION (Street & City or Town, State)	and Number	r or Rural Route	Number,
	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of my kno	woladaa daati	h assumed		4					
COMPLET		ICIAN: To the beat of my kno ER: On the beels of examinat									d manner as stated.
BE	296. SIGNATURE AND TITLE OF GENT HE	Ellen hus		•		290 110	ENSE NUM 2626	BER	29d. DAT	E SIGNED (Moi	nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WITH COMMENT GO LOS HOW	10 COMPLETED CAUSE OF E 218 Kishim	SEATH (ITEM)	27) (Type, F	rint)	R. (ves,	tminster, 1	UQ.	2157	
	31. DATE FILED (Month, Day, Year)			,,.	2.0011					•	
	SEP 2 7 1994	il Studen Re	dall								



ALTIMORE, MARYLAND 21215-0020	
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RECORDS, P.	The state of the s
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DIVISION	6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burial, cremation, or removal.

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	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPARTMENT OF	HEALTH AND M	IENTAL HYGIEN REG. NO.				
	1. DECEDENT'S HAME (First, Middle, Last)	ld A.	. Fenderson		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF	1994	3. TIME OF DEATH		
	4. SOCIAL SECURITY HUMBER 5. SEX 551-34-3929 1 ♥ M 2	04	YRS. MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-9-191	0 8. BIRTI	HPLACE (State or Foreign TY) DE		
TOR	9a. FACILITY NAME (If not institution, give street and num Meridian Nursing Cent RESIDENCE OF DECEDENT	,		O COCATION OF DEA	ATH	9c. COUNTY OF D	DEATH		
DIRECTOR	10a. STATE 10b. COUNTY		Balto	CATIOH			10d. IHSIDE CITY V LIMITS? 11 YES 2 HO		
FUNERAL	3823 Calloway Aven	ue		101. ZIP CODE 21215	_	10g. CITIZEH OF V			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DE FORCE: IF YES,	CCEDENT EVER IN U.S. ARI S? 1 ∑ YES 2 ☐ N GIVE WAR OR DATES	IO If yes,	ECENDENT OF HISPANIC specify Cuban, Maxican, ES 2 NO Specify:	C ORIGIN? (Specify Yea , Puarto Rican, etc.)	or Ho— 14. RAC Blac Spec	E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	4 or 5 +) (Gi	CEDENT'S USUAL OCCUP. Ve kind of work done during Do NOT use retired.)	NTIOH most of working	16b. KIHD OF BUS	Service			
BE COM	17. FATHER'S NAME (First, Middle, Last) John Fenderson			18. MOTHER'S NAM Bessie	E (First, Middle, Malden				
TO E	19a. HFORMAHT'S HAME (Type/Print) Ralph Fenderson		41 Springh	ill Road Co	enterport,	N. Y. 1			
	20s. METHOD OF DISPOSITION 1. Suriel 2 Cremetion 3 Removal from St 4 Donation 5 Other (Specify) 21. SIGHATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE A	Tawn Cemet	ery !	92494 Balt	O, Md	own, Stata		
	+ Glades w	ane	Mar 43	ch F/H Wes	t h Avenue	Balto. I	Md 21215		
	23. PART i. Enter the diseases or complication shock, or heart failure. List only of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ne ceuse on eech line.	ntia	mode of dying, auch	ee cerdiec or reepi	ratory errest,	Approximate interval Between Onset end Daeth		
CERTIFICATION	Sequentially list conditions, if eny, leading to immadlete cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente out to (OR AS A CONSEQUENCE OF):								
	resuiting in death) LAST								
MEDICAL	PART II. Other aignificent conditions contribut	HTW	seulting in the underly	ing ceuse given in P	ert i, 24a, WAS AN PERFOR	MEO?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
PHYSICIAN: N	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLAC	E OF DEATH (Check only o				1 TYES 2 NO		
YSIC	1 VES 2 NO 1 Inpatia	nt 2 ER/Outpatient 3	DOA Nursing H	ome 5 Residence 6	Other (Specify)				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	ATE OF INJURY fonth, Day, Year)	INJURY M 1 [WORK? YES 2 HO	28d. DEŞCRIBE HOW II	JURY OCCURED			
ETED	4 Homicide determined	LACE OF INJURY — At her uliding, atc. (Specify)	ne, larm, street, factory, o	fica	261. LOCATION (Street a City or Town, State)	nd Number or Rural I	Route Number,		
COMPLETED	29e. CERTIFIER (Check only area) 2 MEDICAL EXAMINER: On the beautiful or the common o						a) and manner as stated.		
TO BE (296. SIGNATURE AND EACH OF DEVILINE	>		290 LICENSE NUMB	ヤフ	≥ 9/2	3/94		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITEM	1 27) (Type, Print)			/			
	SFD 9 7 1001 41.	GISTRAR'S SIGNATURE							

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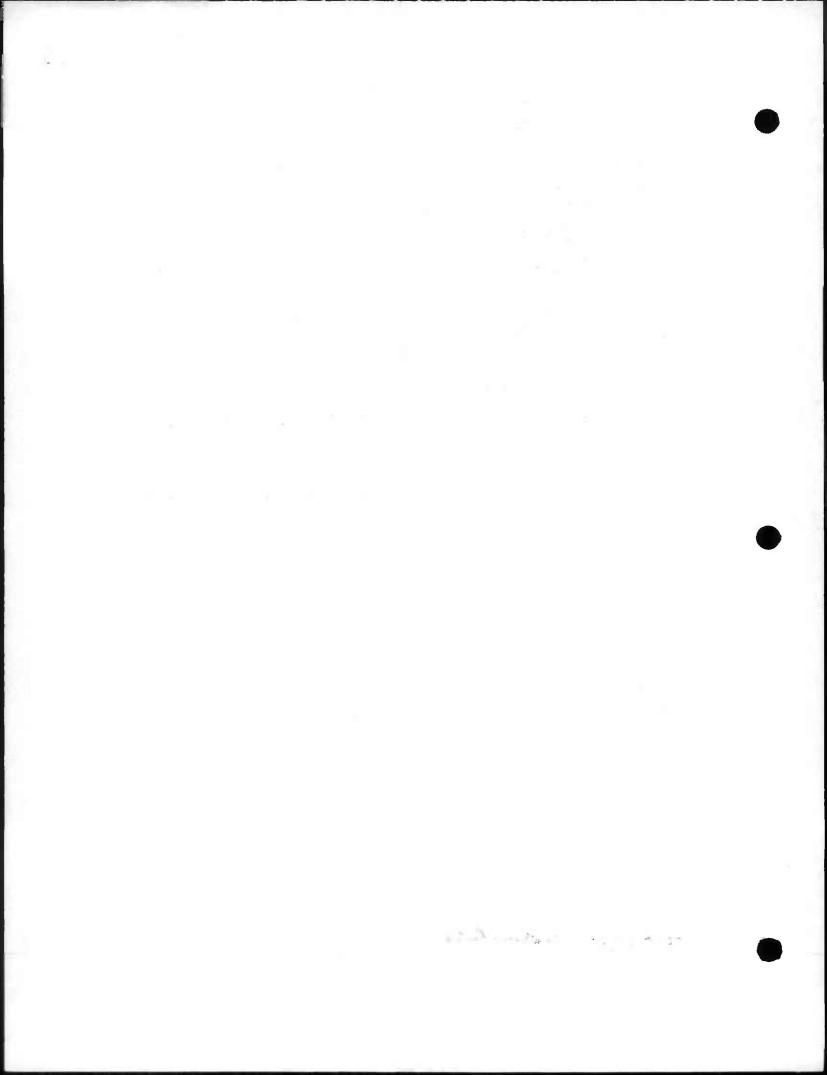
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE BEGISTRAD

_	REGISTRAR				CENTI	TICAT	E OF	DEA	I II	Rt	G. NO.			
1	1. DECEDENT'S NAME (First,									2. DATE OF D	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBI		N J. FIC		rs. last birthday					9	25)	94	1:50 a M
	V		1 M 2 N F	82	rs. last birthday YRS.	MONTHS	DAYS	#F UNDER	MIN.	7. DATE OF BI (Month, Day,	Year)		Country	
	359-07-0195 9a. FACILITY NAME (If not ins			02		9b, CIT	9-21-12 Missouri 9b. CITY, TOWN OR LOCATION OF DEATH							
Œ	Manor Care-		,				Towson Baltimore							
5	RESIDENCE OF DEC						Datemote							
DIRECTOR	Mesage I am al	10b. COUNTY				TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?						LIMITS?		
2	Maryland 100. STREET AND NUMBER	Balt	imore			Timor	imonium						1 YES 2 NO	
FUNERAL	109 Springs	side D	r				10f. ZIP CODE						HAI COUNTRY?	
3	11. MARITAL STATUS	Jac D	12. WAS DECEDEN	T EVER IN U	S. ARMED	13.	21093 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y				ecify Yes	U.S.A. s or No— 14. RACE — American Indian,		
BY F	1 Never Married 2 1 1 3 2 Widowed 4 Divor		FORCES? 1			If yee, specify Cuben, Mexican, Puerto Rican, etc.) Black,					Specify			
			<u> </u>										Whit	te
	(Specify only highest grade completed) (Give ki				Give kind of life. Do NOT	work done	during mo	ON ost of working	ng	16b. KINE	OF BUS	SINESS/INC	DUSTRY	
F	Elementary/Secondary (0-12) College (1-4 or 5+) Homemak								Ourn	Hom	10			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S NAI	ME (First, Middle				
BE C	Levi Foster							May		We	eede	n		
10 B	19e. INFORMANT'S NAME (Ty				19b. MAILIP	G ADDRES	SS (Street	nd Number	r or Rural R	loute Number, Ci			Code)	
-	Paul Besser				109	Spri	ngsi	de D	r. T	imoniu	n, M	d. 2	1093	
	20e. METHOD OF DISPOSITION 1					other place	SITION(N	ame of		DATE			City or Tow	
	4 Donation 5 Other		ENSEE /	77.	I top			orp.		9-26	To	wson	, Md.	
	· 1		1/-	//		F	≀uck	Tows	on F	uneral				
_	ca	1	1. 10	11		1	.050	York	Rd.	Towson	n, M	d. 2	1204	
	23. PART I. Enter the dis shock, or he	ert feliure.	List only one can	it caused thuse on eech	ne death. Do h line.	not ente	er the mo	de of dy	ing, such	es cerdiec	or respi	ratory an	resi,	Approximete interval Between
	IMMEDIATE CAUSE (Fin- disease or condition	- 5	150	nh	0						Onset end Death			
	resulting in death) a. DUE TO (OR AS A CONSEOU					FFroke ida						lacy		
z														
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	cause. Enter UNDERLYII CAUSE (Disease or injur		c	(OR AS A C	ONSEQUENCE	NE)·								
	that initiated events resulting in death) LAST			(GI) NO II O	JANGE G GENGE	O. J.								İ
			d											+
EDICAL	PART II. Other significer	nt condition	s contributing to	deeth but	not resulting	in the u	ınderiyin	g ceuse	given in	Part i. 24a.	WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC										1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M	DID TOPACCO	LICE A	COLUMN IN INC.		41105 0					_				1 TYES 2 NO
A	DID TOBACCO		COMIKIBUIE	: 10 C	AUSE O	r DEA			NO NEATH (Ch	ack only one)				
SICI	EXAMINER?	mesicale.	HOSPITAL:	FR/Outpetl	ent 3 DOA	OTHE	R:			8 Other (Spe	noif d			
PHYSICIAN	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. T	ME OF	28c. JN.	JURY AT	esidence	28d. DESCRIB		NJURY OC	CURED	
ву Р		Pending nvestigation	(Month, E	Ally, Tear)	I .	NJURY M		YES 2	□ NO					
ED 8	3 Suicide 8 (Could not be	28a. PLACE C building.	OF INJURY atc. (Specify)	At home, farm	, atreet, fa	ctory, offic	en .		28f. LOCATION City or Tox	N (Street e vn, State)	nd Number	r or Rural Ro	oute Number,
E														
COMPLET	anal .		ICIAN: To the best of											4
S				xamination a	nd/or investiga	tion, in my	opinion,	seath occu	red at the	time, date end	place, en	d due to ti	he ceuse(s)	end manner es stated.
BE	296. SIGNATURE AND TURLS	OF CERTIFIE	1. No						ENSE NUM	B49		29d, DAT	E SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALL	SE DE DEAT	1 ()TEM 273 /%	Deinet			16	079			1-1	0-99
	DR. A. H. G						N, M	D.						
	31. DATE FILED (Month, Day,	foar)	32. REGISTRA											
	SEP2 7 1994	4 July	A PRINCIPAL	navialy										



DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	EPARTMENT OF H		IENTAL HYGIENI REG. NO.	E					
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATN	Y YEAR	3. TIME OF DEATN				
			anagan		Sept. 25		1:40 p m				
	212 12 221	5. SEX 6. AGE (In yrs. last birt	Thday) IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 14, 191	8. BIRTY Count	IPLACE (State or Foreign DY) LRGINIA				
	9a. FACILITY NAME (If not institution, give stree		9b. CITY, TOWN O	R LOCATION OF DEA		9c, COUNTY OF D					
OR	1505 Shawan Road	ı	Cocke	Cockeysville BALTIMORE							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10	0c. CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY					
E I	MARYLAND BALTI	MORE	COCKEYSVI	LLE		LIMITS?					
FUNERAL	100. STREET AND NUMBER	ano number 1505 Shawan Road				10g. CITIZEN OF WHAT COUNTRY?					
JNE					C ORIGIN? (Specify Yes	USA	A section to the				
	1 Never Married 2 X Married	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		cify,Cuban, Maxican,		Spec	E — American Indian, k, White, atc.				
D BY	3 Widowed 4 Divorced					WHIT					
ETE	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12)	DENT'S USUAL OCCUPATION Identify of work done during most NOT use retired.)	N at of working	16b. KIND OF BUS	INESS/INOUSTRY	ľ					
APL	6	College (1-4 or 5+)	rpenter		Remode1	ing - Co	nstruction				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				E (First, Middle, Maiden S						
BE	Floyd Adam Fla	0			lizabeth B						
٩	196. INFORMANT'S NAME (Type/Print) Wanda Elaine Claypoole 13105 Spring Trace Place, Midlothian, VA 23112										
	20a METNOD OF DISPOSITION 1	20b. PLACE AND	DATE OF DISPOSITION (Na	ne of	DATE 20c. LOC	ATION — City or To					
	4 Donation 5 Other (Specify)	Durane	y "ValleyMem			onium, M	D				
	21. SIGNATURE OF FUNE AL SERVICE LIGEN	W. (ary		on-Mitche	штү ell-Wiedef	old Inc					
2,55	Bryan W		10 W	Padonis	mir by	onium M					
		et only one ceuse on each line	. Do not enter the mod	de of dyling, auch	ea cardiac or reepir	etory arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition Blad Alla Cauga)										
	DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions,										
ATI	if eny, leading to immediate cause. Enter UNDERLYING										
IFIC	that initieted events	CAUSE (Disease or injury that initieted events OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	reaulting in deeth) LAST										
7	PART il. Other algnificent conditione	contributing to deeth but not reeu	ilting in the underlying	ceuse given in P	art i. 24a. WAS AN /		. WERE AUTOPSY FINDINGS				
EDIC/	Chronic Obs	hurbe Las Dese	esil		1 YES 2	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
2	DID TORACCO LICE CO	ONITRIBILITE TO CALLEE	OF DEATH W	- + NO	'		1 TES 2 NO				
PHYSICIAN:	DID TOBACCO USE CC 25. WAS CASE REFERRED TO MEDICAL	NIKIBULE 10 CAUSE		ACE OF DEATH (Chec	or only one)						
SIC		OSPITAL:	OTHER:	Beeldence 6							
РНУ	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	Bb. TIME OF 28c. INJURY WO	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
ВУ	Metural 5 Pending Investigation			ES 2 NO							
9	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — A1 home, building, etc. (Specify)	term, atraot, factory, office	1	28f. LOCATION (Street as City or Town, State)	nd Number or Rural F	Route Number,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, death of	occurred at the time, date	and place and due to	- th						
OMF		On the beals of examination and/or invest) and mannar as stated.				
ш	296. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUMB	BER	29d. OATE SIGNED	(Month, Day, Year)				
TO B	Jay Mars	MO		D309	29	▶ 9/26	184				
	Paul Celano, M.I	D., GBMC Physicia	n) (Type, Print)	on West.	Suite 205	6701 N.	Charles St.				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		,		2	1204				
	SEP 2 7 1994	Their Seriem-Rudoll									



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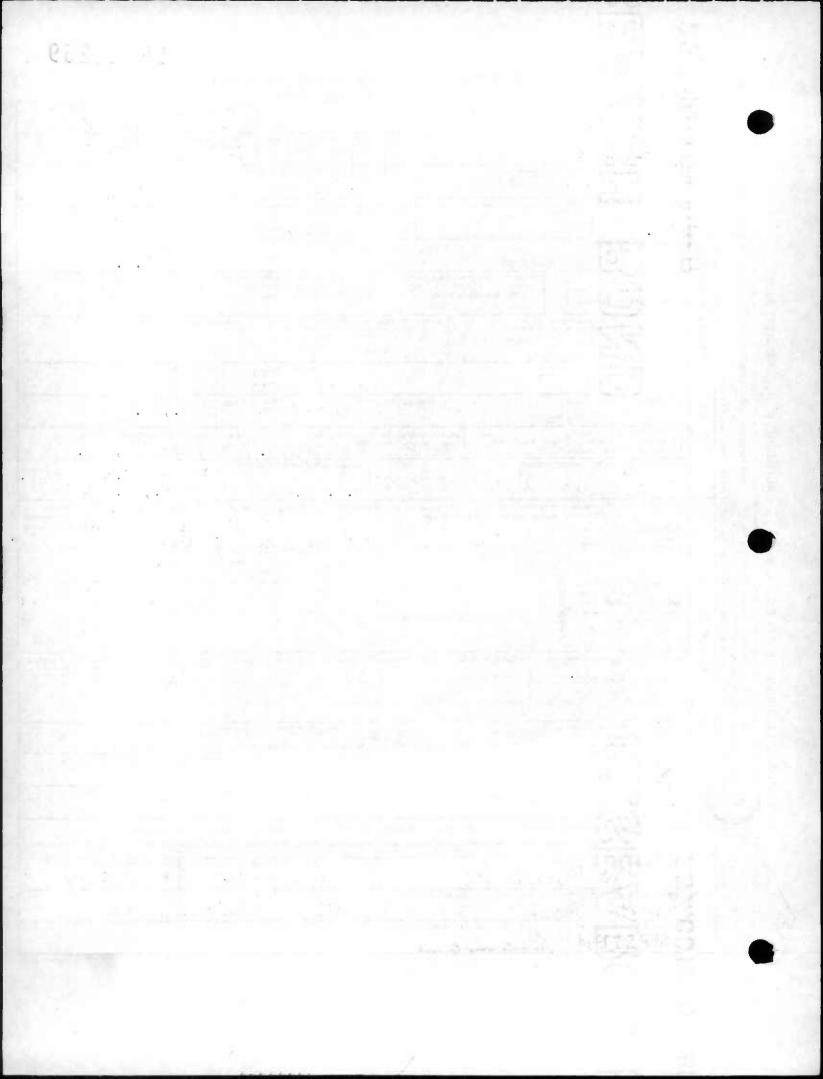
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E. HUNTER
31. DATE FILED (Morith, Day, Year)
SEP 2 7 1994 Julia

32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last)						DEATH		REG. NO.	1994	3. TIME OF DEATH	
	CHARLOTTE 4. SOCIAL SECURITY NUMBER	LANE I	ITZGER						September 25, 1995 9:17 P			
	212-09-2549	1 M 2 XXF	6. AGE (In yrs. le	YRS.	IF UNDER	DAYS	HOURS I	7.00	Month, Day, Year)	- (BIRTHPLACE (State or Foreign Country) YYI and	
	9a. FACILITY NAME (If not institution, give	-1114-11-11			9b. CITY	, TOWN O	R LOCATION			9c. COUNTY		
DIRECTOR	3900 North Charles Street Apt 504 Baltimore N/A											
<u> </u>	10a. STATE 10b. COUNT		THIS	IOc. CIT	LIMITS?						10d. INSIDE CITY LIMITS?	
	Maryland 1	N/A			Balti	altimore					1 XX YES 2 □ NO OF WHAT COUNTRY?	
LONGHAL	3900 North Charles	s Street				21218					SA	
	11. MARITAL STATUS 1 XX Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO	13.	WAS DECI	ENDENT OF I	HISPANIC Mexican, P	ORIGIN? (Specify Year werto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, alc.	
מ	3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES					1 YES 2 NO Specify: Specify: Whi					
ח ר	15. DECEDENT'S EDU (Specify only highest grade		(ECEDENT'S	work done	CCUPATIO	N st of working		16b. KIND OF BUS	INESS/INDUST		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	·) //	le. Do NOT u	se retired.) BOOKKE	ener			Box Company			
	17. FATHER'S NAME (First, Middle, Last)				001410	oper			(First, Middle, Maiden Surname)			
1	Frank Emmett Fitzger	ald							Louise Bake			
	19a. INFORMANT'S NAME (Type/Print) Mary Katherine Fit	tzgerald							Number, City or Town		aryland 21218	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	ITION (Na	me of	cc / t		CATION - City		
	10 Byrial 2 Cremation 3 Ran 4'D Sometion 5 Other (Googly)	1/	cemetery, c	d R1dg	ther place) ie Cem	etery			Pike	esville	Maryland	
	21. SCHATURE OF FURERAL SERVICE U	CENSEE 64	nk	_	22.	NAME AN	D ADDRESS	of FACILI	l-Wiedefeld	1 Home		
_	Dennis Staphen	Xernalis	M00640			6500	York F	Road E	Baltimore, N	Maryland	21212	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition CO 9 0 Sa I I range of Con De 10 2 2 2								Onset and Da			
	resulting in desth)	a. DUE TO (OR AS A CONSEQUENCE OF):										
5	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):											
5	if any, leading to immediata cause. Enter UNDERLYING	61	huse	200	aho	1	lea !	1-0	ison		12 MOD	
	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSI	EOUENCE O	F):							
5	resulting in death) LAST											
	PART ii. Other significant condition	ns contributing to	death but not	rasulting	in tha ur	ndariying	cause giv	en in Pa	rt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO	
MEDICAL									1 🗌 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
3									-		1 TYES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEA	TH (Check	only one)			
	1 YES 2 NO	HOSPITAL:		3 🗆 DOA	OTHER		o 5 □ Resid	ience 6 [Other (Specify)			
		28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF UNDURY AT WORK? M 1 YES 2 NO							d. DESCRIBE HOW II	JURY OCCUR	ED	
	27. MANNER OF DEATN 1 Natural 5 Pending	2 Accident Investigation							281. LOCATION (Street and Number or Rural Route Number,			
	1 Natural 5 Pending	26a. PLACE C	F INJURY - AI I	nome, farm,	street, fact	tory, office		28	ot. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,	

L DIRECTOR	4. SOCIAL SECURITY NUMBER 230-16-5520 9a. FACILITY NAME (If not institution, give:	5. SEX 8. AG	11mor	80			Sept. =	1	4 822			
DIRE		1 M 2/F F	E (In yrs. last birthda 7 Q YRS	MONTHS		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08 14 1		BIRTHPLACE (State or Forei Country)			
DIRE	in the members, give	treet and number)	78 YRS		TOWN OR LO	OCATION OF D		_	Virginia Y OF DEATH			
DIRE	Joseph Richey	Hospice			Balti							
BIO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	r	10c.	CITY, TOWN O	R LOCATION			10d, INSIDE CITY				
	MD.				Balti	more						
A	10e. STREET AND NUMBER				10f. ZIP			1 [*] YES 2 □ NO NOF WHAT COUNTRY?				
NER	3514 Holmes A					1217		U.S.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO			Cuban, Mexic	NIC ORIGIN? (Specify Ye an, Puarto Rican, atc.) fy:	14. RACE — American Indian, Black, White, etc. Specify: Black				
PLETED	15. DECEDENT'S EDL (Specify only highest grede Elementary/Secondary (0-12) 7 th		(Give kind life. Do NO	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Domestic								
COMP	17. FATHER'S NAME (First, Middle, Last) Henderson Croner 18. Mother's NAME (First, Middle, Maiden Surname) Portugal Type of the state of the surname of th											
8	Betty wheeler											
2	196. INFORMANT'S NAME (Type/Print) Mary Johnson 196. MAILING Appress (Street and Number or Rural Route Number, City or Town, State, Zib Code) 826 Chauncey Avenue Balto., MD. 21217											
	20a. METHOD OF DISPOSITION PCI Burisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely grematory or other place) Arbutus Memorial Pk. 9/94 Arbutus, MD.											
	4 Donation 5 Other (Specify)	oval from State	Arbutu	s Met	noria	1 Pk.	9/94 A	rbutu	s, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE. CFSP#281 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe E.L.Phillips F/HBalto., MD. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxim.											
	shock, or haart failure. IMMEDIATE CAUSE (Final	a. Squa	aach iina.						interval Bett Onsat and I			
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL C	PART II. Other algorificant condition	ART II. Other eignificant conditions contributing to death but no Carebral hemorrhage					Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICAL											
Sici	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O	tringtient 3 DO	OTHER	t:	OF DEATH (C	6 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes	TY 26b.	TIME OF INJURY	26c. INJURY WORK?		26d. DESCRIBE HOW	INJURY OCCU	RED			
1	3 Suicide 6 Could not be determined	28s. PLACE OF INJU building, atc. (S	JRY — At home, fan ipecify)	n, street, fact	ory, office		26f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,			
COMPLE		CIAN: To the best of my kn							cause(e) end menner aa stat			
TO BE 0	29b. SIGNATURE AND TITLE OF CERTIFIE	ene w			296	LICENSE NU	MBER 7740	29d. DATE S	SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WI S1. DATE FILED (Month, Day, Year)		01 St	pe, Print) Caul	Plac	1	Baltim	22	nD			



attending physician. BALTIMORE, MARYLAND 21215-0020

use as the burial-transit permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	
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SPITAL	ERAL !	in 72 h
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEPENT'S NAME 2. DATE OF DEATH MONTH 3. TIME OF DEATH Goldinger Lucille LUCIETTE 8:00 A M 94 21 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH JUNE 2,1907 221-32-0949 87 HOURS 1 M 2 XF PENNSYLVANIA YRS. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHARLESTOWN RETIREMENT COMMUNITY DIRECTOR BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 MAIDENCHOICE LANE, APT. #507 21228 U.S.A 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: BΥ Specify: 3√ Widowed 4 ☐ Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER **EDUCATION** be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JACOB** LEVIN **FANNIE** ASNIS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. LYNNE CURRY 3607 SCHEEL DRIVE, ELLICOTT CITY, MD. 21042 20s. METHOD OF DISPOSITION
TVT Burisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 09/23/94PATE 20c. LOCATION - City or Town, State must WOODBINE BROTHERHOOD CEMETERY WOODBINE, N.J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Retw Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ir death with the State Oept, of Health and Mental is marked, or Item 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be IMPORTANT: If item 28 4 Homicide 29s. CERTIFIER

//Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 34053 19/21/94 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) petchaum mo markle Charce 32. REGISTRAR'S SIGNATURE SEP 2. 7 1994

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR be filed within 72 hours afte	IMPORTANT: It Item 28

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DEA	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYI		ENT OF HEALTH	AND MENTAL HYGII							
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE OF DEATH		3. TIME OF DEATH					
Bertha V. G	ee			9-24-9		3 P					
4. SOCIAL SECURITY NUMBER			UNDER I YEAR IF UNDER	MANAGE Day Man	8.	BIRTHPLACE (State or Foreign Country)					
212-34-2640		1 YRS.	ITHS DAYS HOURS	11/7/1	2 S	outh Caroli					
Se. FACILITY NAME (If not institution, gi	1765-6-1766	96	CITY, TOWN OR LOCATIO		9c. COUNTY	OF DEATH					
Belair Conval RESIDENCE OF DECEDENT 10a. STATE 10b. COL			Baltimo	re							
10a. STATE 10b. COL	NTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?					
		Bal	timore			1 YES 2 NO					
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
10e. STREET AND NUMBER 2000 Odell 11. MARITAL STATUS	Ave		212	37	U	SA					
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I	IN U.S.ARMED	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify, Maxican, Puarto Rican, etc.)	Yas or No- 14.	RACE — American Indian, Black, White, atc.					
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TES 2 YES	Specify:		Specify: Black					
	DUCATION	18e. DECEDENT'S USU	AL OCCUPATION	18h KINO OF	BUSINESS/INDUST						
15. DECEOENT'S E (Specify only highest girls only highest girls only highest girls of the first, Middle, Last) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during most of working ired.)	, ista kiito or	DO3114E337114D031						
6th	Conege (1-4 of 5 7)	Domest	cic	l							
17. FATHER'S NAME (First, Middle, Last)		1		ER'S NAME (First, Middle, Maid	den Surname)						
Sameul Webb			Ca	rrie HIll							
		19b. MAILING AO	ORESS (Street and Number	or Rural Route Number, City or	Town, State, Zip Coo	de)					
Bette V. Ninn		5309 Lo	och Raven	Blvd, Bal	to.MD	21239					
20a. METHOD OF DISPOSITION 1		b. PLACE AND DATE OF D	SPOSITION (Name of		LOCATION — City						
4 Donation 5 Other (Specify)		metery, crematory or other p D Nat Me	emo. Park	9/30/94 L	aurel,	mD					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRES	S OF FACILITY							
1 /////				Wylie F/ ilmor St.		VD 01017					
23. PART i. Enter the diseases, ehock, or heart feliu iMMEDIATE CAUSE (Finei disease or condition	disease or condition (INCES///C HEALT CAN CREE										
resulting in death) a. Due TO JOR AS A CONSEQUENCE OF):											
2	211 10.										
Sequentielly liet conditione, if any, ieeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):									
CAUSE (Disease or injury	С.										
that initiated evants resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):									
	_ d										
PART ii. Other significant condit	TWAZ O	but not resulting in the	ne underlying cause g	ven in Part i. 24a. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	7.07,0	139/100	977070	1 TYES	2 NO	COMPLETION OF CAUSE DF DEATH?					
DID TOPACCO HEE	CONTRIBUTE TO	CALLET OF D	F.4.711 \/F.0 F.7			1 TYES 2 NO					
DID TOBACCO USE		CAUSE OF D		NO 🗵							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ATH (Check only one)							
1 YES 2 NO	1 Inpatient 2 ER/Out 28e. OATE OF INJURY			Idence 8 Other (Specify)							
M 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2	28d. DESCRIBE HO	W INJURY OCCUR	ED					
2 Accident Investigation		Y — At home, farm, stree									
3 Suicide 8 Could not 4 Homicide detarmined	building, stc. (Spe	ocity)	i, lactory, office	281. LOCATION (Stre City or Town, St		Surai Houte Number,					
29a. CERTIFIER 1 CERTIFYING	VILICIAN To the heet of my know	wheth coursed at	the time date and place	end dua to the cause(a) and							
29a. CERTIFIER 1 CERTIFYING One) 1 MEDICAL EXAM						use(a) and manner ea stated.					
	//										
and stock one and title or only	Tillen		29c. LICE	083 4 V	29d. DATE SI	GNEO (Monthy Day, Year)					
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) /Time Drin		1001	1-1/-	1/0					
	and an or or		7			/					
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	NATURE		-							
SEP 2 7 1994	4.5.0										

BALTIMORE, MARYLAND 21203-37	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending	After this certificate has been signed by the attending physician and completely ed in by the funeral director, page 5 should be detached for use as the
	Q	pa
13146,	xecuted within	and completely
BOX	ificate be e	physician
, P.O.	death cert	attending
RECORDS	w requires that the	been signed by the
F VITAL	IYSICIAN: The la	's certificate has
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PH	THE COOK After th

g physician, e burlal-transit permit, Pages 1, 2, 3 should is in marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. WESTOR After this certificate has been signed by the attending physician and completely sed in by the incompletely sed in by the incompletely sed in by the incompletely sed to be set better the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to TO THE RUBER CHIRCARE has been signed by be filed the property of Health and IMPORTANT IN THE TOWNS AND IN MARKED, OF IREM 23 shows any in

TO BE

31. DATE FILED (Month, Day, Year)
SEY 27 1994

	FOR	STATE OF N	MARYLAND /	DEPAR	RTMFN	T NF H	IFAITH	AND I	WENTA	I HYGIENI		,		
	1 - STATE REGISTRAR	OIME OF I					DEA		WEITIN.	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							-	2. DATE	OF DEATH	*	/ 54		ME OF DEATH
	Catherine Mary	y Hoga s. sex	8. AGE (In yrs. las	e blotholous	I I I I I I I I I I I I I I I I I I I	R 1 YEAR	IF UNDER	44 1470	_	DATE OF BIRTH 8. BIRTHPLACE (State or Fe				- 0 - //
		1 M 2 F	8.2	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	30/12	- 1	Count	v1	and
	216-03-3614 9a. FACILITY NAME (If not institution, give str		02		9b, CITY	Y. TOWN O	R LOCATION	ON OF DE						
DIRECTOR	912 Nabbs Creek	Road					urni		Anne A					ndel
S	10e. STATE 10b. COUNTY			10c. CI7	Y, TOWN	OR LOCAT	TION						10d.	INSIDE CITY
F	Maryland Anne	Arunde	el	G	len	Bur	nie						1	LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT	COUNTRY?
ER	912 Nabbs Cre	ek Road	d				210	60			U	.S.	Α.	
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	1 YES 2 NO If yes,			If yes, spe		n, Mexica	n, Puerto	N? (Specify Yea Ricen, atc.)	or No-	Blac	RACE — American Indian, Black, White, etc.	
) BY													WI	irce
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed)							DUSTRY						
린	12		F	lous	ewi	fe				Hon	ne			
Ö	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
Lawrence Ament Catherine M. Weber								r						
5	19a. INFORMANT'S NAME (Type/Print) Walter E. Hogan								nber, City or Town Len Bu			D :	21060	
	20a. METHOD OF DISPOSITION 1 ▼Buriel 2 □ Cremation 3 □ Ramo		20b. PLACE officer place HOLY	OF OISPO	SITION (N	lame of cen	netery, crer	tory or	9/29	9 / 924°. LO				
3	4 Donation Other (Specify)	MISSE /	Inory	Neu	-					ıneral				City
	Lecture 5	Jely.												MD21221
1	23. PART I. Enter the diseases, at a shock, or heart stilling.	omplications tha	t coused the de	eath. Do	npt ente	r the mo	de of dy	ing, auc	h ae cei	diac or reepi	ratory ar	reet,		Approximata Interval Between
- 15	immediate cause (Final disease or condition resulting in death)	Mo	Janto	cola	w	(83	Pm (are	ner	to To	Livi	2		27 mooth
	Todating in doubly	DUE TO	(OR AS A CONSE	OUENCE C	OF):									V) / FIV. 17
CERTIFICATION	Sequentially list conditione, ff any, leading to immediate b													
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
ERT	reaulting in deeth) LAST													
-	PART II. Other algolificant conditions	contributing to	death but not a	reaulting	in the u	nderlying	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	241		E AUTOPSY FINGINGS
PHYSICIAN: MEDICAL										1 TES 2	1		COM	LABLE PRIOR TO PLETION OF CAUSE DEATH?
ME											1		1 🗆	YES 2 NO
ä														^
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF C	EATH (Ch	eck only d	one)				
YSI	1 TYES 2 NO	1 inpetient 2	ER/Outpatient 3		4 🗆 Nu	irsing Hom	-	esidence	_	er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L		28b. Til	ME OF JURY M	WC	DRK?	T NC	26d, DE	SCRIBE HOW I	NJURY OC	CURED		
BY	2 Accident Investigation	28a DI ACE /	OF INJURY — At he	ome ferr			YES 2 [_ NO	204 10	CATION (Street a	and Minat	was Burnet	Dourte	Missenhae
FED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	erry, rarrit,	आक्का, हिंद	ctory, onic				y or Town, State)	iria Numbe	a or munit	HOUTE !	reunicei,
3	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	l my knowledge, de	eath occur	red at the	time, date	and place	, and due	to the c	ause(a) and mar	ner aa st	ited.		
3	one) 2 MEDICAL EXAMINE												(a) and	manner as stated.

DHMH-18 Rev 1/89

FUNERAL DIRECTOR

BY

BE COMPLETED

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

29a, CERTIFIER

SICIAN: The law requires that the death certificate be executed within F VITAL RECORDS, P.O. BOX 13146,

Nors	AT TENDING PHY	EDDRING THE	to other disotylest	Man in afferter
0	THE HOSPITAL OF	THE EUNERAL OF	filed within 72 h	MPORTANT II III
	2	P	32	off

1 - STATE REGISTRAR		STATE OF 1		DEPAI					MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Fern	Middle, Lest)	Hallma	n		36				Sept. 25	1 99	4 YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMB		5. SEX 1 M 2 7 F	8. AGE (In yrs.	last birthday) YRS.	IF UNDE	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)	1917	8. BIRTHPLACE (State or Foreign Country)		
90. FACILITY NAME (If not in: 324 Towns	send R				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							timore	
RESIDENCE OF DEC		ltimore		10c. CI	TY, TOWN	OR LOCAL	TON					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 324 To	ownsen	d Rd.				10	zip cod	221		10g. CIT		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	13.	If yes, sp		an, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	n or No—	14. RACE Black Speci	E — American Indien, k, White, etc.	
(Specify only highest grade completed) (Give kind of the properties (Figure 21 to 20					's USUAL OCCUPATION 16th KIND OF BUSINESS/INDUSTRY of work done during most of working use retired.) CE Worker Garment								
17. FATHER'S NAME (First, MI Warre		Krum						HER'S NA Mary	A. Thor				
Fay Stevens		hter			G ADDRES				Route Number, City or Tow ltimore, N				
20a. METHOD OF DISPOSITION Burial 2 Cremation 4 Donation 5 Other		oval from State	20b. PLA	ce of dispo	emete	iame of ce		matory or 28/9		cation —			
21. SIGNAPORE OF FUNERAL	SERVICE LI		line	4	22				runeral b			MD 21221	
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin	eert fellure.	complications the List only see car	caused the use on each	deeth. Do line.	not ente	r the mo	de of dy	ring, auc	ch as cardiac or resp	iratory ar	rest,	Approximate Interval Between Onset and Deeth	
disesse or condition resulting in death)	→	ALZHEII	MER'S				_						
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY	ona, diate	SEIZURI	E DIS										
CAUSE (Disease or inju that initiated events resulting in death) LAS	ry	C. DUE TO	(OR AS A CON	ISEOUENCE (OF):								

PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: ent 2 ER/Outpatient 3 DOA me 5 Residence 8 C Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident

5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 4 🗌 Homicide

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of

on and/or investigation, in my opinion, deeth occured at the time, date and piece, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

H35593

SEPT. 26 JOHN J. LOH

617A STEMMERS RUN ROAD, BALTIMORE, MARYLAND 21221

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DHMH-16 Rev 1/89

The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospital or attending physician.

The law requires has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHY CIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR A THE YEAR COMPIETE TO THE SIGNED BY THE ATTENDING Physician and complete	ital Hygiene prior to burial, crem	IMPORTANT: if item 28 in marked, or item 23 shows any injury, or other traumatic event
AL RECORDS	The law requires that the de	e has been signed by the a	te Dept. of Health and Men	ım 23 shows any injun
NON OF	TEACHT, PHYSICIAN:	TOR: After his Jertifical	are death with the Sta	28 is marked, or He
NIQ /	TO THE HOSPITAL OR A	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMEN CERTIFICAT	IT OF HEALTH	AND ME	NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) GULLUA F	. Hinkleman,			7-	DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 219-05-4578	5. SEX 8. AGE (In yrs			R 24 HRS. 7.	HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign				
TOR	9a. FACILITY NAME (If not institution, give st 106 Walden Rd. RESIDENCE OF DECEDENT	reet and number)	9b. Cl	Abingd		1	9c. COUNTY OF Hart			
DIRECTOR		ford	10c. CITY, TOWN		10d. INSIDE CITY LIMITS? 1 ☐ YES X(X) NO					
FUNERAL	106. STREET AND NUMBER 106 Walden Rd.				21015 U.S.A.					
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed & Notorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2 IF YES, GIVE WAR OR DATES	NO		DENT OF HISPANIC ORIGIN? (Specify Yee or No— ly Cuben, Maxican, Puerto Rican, atc.) NO Specify: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		ing	16b. KIND OF BUSI						
P P	17. FATHER'S NAME (First, Middle, Last)		Cashier	T to MO	THEB'S MAME	(First, Middle, Maiden S	ulto.	_0.		
ŏ	Julius F. Hink	leman				eth O Do				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AODRE			e Number, City or Town,				
2	Mrs. Pauline	Lawlor	2917 P	inewood	Ave.	Balto.,	Md. 2	1214		
	20s. METNOD OF DISPOSITION PL Burial 2 Cremetion 3 Remo	ovel from State 20b. PLA	osition (Neme of 1 Cemet	cery 9/28 Balto., Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	2:	. NAME AND ADDR	ESS OF FACILI	TY				
	young d.x	Smoth		7527 H	y MLL anton	Ler Fune	eral H	ome Nd.21234		
	23. PART ./Enter the diseases, or c	omplications that caused the	death. Do not ent	er the mode of dy	ing, such a	s cardiec or reapire	tory arrest,	Approximete		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cirm	i Ren	nl Fa	One		\	interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A CON	W.F.	menter.	and	our l				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM	ISEOUENCE OF):	7,10	Rs	Reg				
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions	V I T	ot resulting in the	underlying ceuse	given in Par	1 U YES 2	EO?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M	DID TOBACCO USE (CONTRIBILITE TO CA	LISE OF DE	ATH YES	7 NO I			1 TES 2 HO		
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CA	COSE OF DEA	28. PLACE OF I	DEATH (Check	only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Oulputient	t 3 DOA 4 N			-				
并	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		d. DESCRIBE NOW IN.	JURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation		7 "	1 YES 2	□ NO					
	3 Suicide a Could not be determined									
COMPLETED		CIAN: To the best of my knowledge R: On the basis of examination and						(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1	100	29c, LIC	ENSE NUMBER	R 73	29d. OATE SIGNE	D (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO	TOW MAR	ME	8 lo	w A	. Xbul	en M	& 2001		
	SEP 2 7 1994	32. REGISTRAR'S SIGNATUR	lette.			-				

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BOX 68760,	1
O. BOX 68760,	continue he executed with

DIVISION OF VITAL RECORDS.

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR SAMUEL HOPKINS HOUSTON September 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 84 YRS. May 10,1910 215-07-9546 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care- Towson Towson Baltimore RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY Maryland Baltimore Glen Arm 1 YES ZENO permit. FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the bunal-transit Breidenbaugh 4503 Lane 21057 U.S.A. hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, atc. 21215-0020 1 Never Married 2X Married If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 YES 2 NO Specify: Specify: B 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify JQ. Elementary/Secondary (0-12) College (1-4 or 5+) detached 2 Yrs. Engineer Radio once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) a Albert Houston BE Florence Tolle page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Katherine Houston 4503 Breidenbaugh Lane Glen Arm, Md. 21057 pe 20a. METHOD OF DISPOSITION
1 Burlel 2 A Cremation 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must funeral director, Politop Service Corp. 4 ☐ Donation S ☐ Other (Specify) 9/27/94 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1050 York Road an Ruck Towson Funeral Home, Inc. Towson, Md. 21204 filled in by the the medical 23. PART I. Enter the diseases, or complications that outside the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or haart failure. List polit on each line intarval Batween cremation, or Onset and Death **IMMEDIATE CAUSE (Finsi** disease Dr condition resulting in death) completely Multiple Cerebrovascular Accidents event, 5 yrs. DUE TO (OR AS A CONSEQUENCE OF): to burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate attending physician prior cause. Enter UNDERLYING CAUSE (Disease or injury or other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST requires that the death been signed by the atte injury, PART II. Other significant conditions contributing to death but not requiring in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any Leukemia 1 YES 2 XNO 1 YES Z NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES has be Dept. PHYSICIAN: NO X OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h Item HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Resi nca 8 Other (Specify) 0 the 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 1 YES 2 NO BY After 2 Accident Investigation DIRECTOR: Af hours after de item 28 is u 3 Suicide 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If item 21 29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation in my collaborate the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THE OF SERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D32783 9/26/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7401

W. REGISTRAR'S SIGNATURE

Osler Drive

Towson, Maryland

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Joseph Adams,

31. DATE FILED (Month, Day, Year)
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			CENTIL	TOATE	: OF	DEATH		REG. NO).		
!	1. DECEDENT'S NAME (First, Middle, Last) ARTHUR CHA	RLES		ног	MEG	S JR.	2. DAT	TE OF DEATH	**1994	YEAR 3.	1:46 A
	4. SOCIAL SECURITY NUMBER 212-34-9296		S. AGE (In yrs. last birthday) 58 yrs.	IF UNDER		IF UNDER 24 HR	s. 7. DAT	E OF BIRTN nth, Day, Year)	- 1	. BIRTNPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		DO YRS.	9b. CITY	TOWN (OR LOCATION OF		7-23-19	9c, COUNT	Y OF DEAT	
941 INDIAN LANDING ROAD MILLERSVILLE ANNE AR										RUNDEL	
DIRECTOR	10e. STATE 10b. COUNT	NNE ARU	INDEL 10c. CIT	MIL.	L ER	SVILLE					Dd. INSIDE CITY
- 16	10e. STREET AND NUMBER	IDTIIG DO			101	I. ZIP CODE			10g. CITIZE	N OF WHA	YES 2 NO
FUNERAL	941 INIDAN LAN		EVER IN U.S. ARMED	12	AM C DEC	21108	DANIC ODIC	W. W W. W.	No. 14		- A -
à l	1 Never Married 2 Merried 3 Widowed 4 Divorced		YES 2 NO	1	1 yes, sp	ecify Cuban, Me			s or No.—		WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Given doing most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
L L	Elementary/Secondary (0-12) College (1-4 or 5+) VICE PRESIDENT HECHINGER COM										1PANY
E COMPLETED	17. FATNER'S NAME (First, Middle, Last) ARTHUR CHARLES HOLMES, SR. 18. MOTNER'S NAME (First, Middle, Maiden Surrame) ESTELLA G. TOPPER										
TO B	190. INFORMANT'S NAME (Type/Print) MRS. KATHLEEN HOLMES 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip CallO8 941 INDIAN LANDING ROAD, MILLERS VILLE, MD.										
	20a, METHOO OF DISPOSITION 1 DEBuriel 2 Cremetion 3 Rem	oval from State	20b. PLACE AND DATE	OF DISPOS	ITION (Ne	ama of 9/	28/94	TE 20c. LC	CATION — CI	ty or Town	, State
	4 Donetion 5 Other (Specify)		OUR LAD			E FIEL					E, MD.
- 1	· 92 ~ 16	5/1				COND					ERAL HOM
CERTIFICATION	disease or condition resulting in death) a. GLIOBLASTONA MULTIFOLME DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1									ERE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		LACE OF DEATN	(Check only	опе)			
HYS	1 TYES 2 TNO 27. MANNER OF DEATN	28e. DATE OF IN		4 🗆 Nun	28c. INJ	TURY AT	7	her (Specify) ESCRIBE HOW	INJURY OCCU	RED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day,	Year) IN	JURY M		YES 2 NO			TW.		
100	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, at	INJURY — At home, ferm, c. (Specify)	street, fact	ory, offic	•	281. LC	CATION (Street by or Town, State)	and Number o	Rural Rou	te Number,
COMPLE	Appear to the same of the same		y knowledge, death occur mination and/or investigati								nd manner ee stated.
BE C	296. SIGNATURE AND THE OF CENTIFIE	1. 1.	10			29c. LICENSE	NUMBER		29d. DATE	SIGNED (M	lonth, Day, Year)
ဦ	A WANTU XAWA	man	1/			1723	683		19/	26/	94
	- 140 - A	2015 HAN	OF DEATN (ITEM 27) (TYP) MN Te	o, Print) OltoUS	1/2	PKINS	DNC	01067	EVIOR	B	MINORE
	31. DATSEP 277994		'S SIGNATURE								

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physicia	DIGETTION After this continued has been circular that strength of the france of the france race & change has been as an other than the france race & change has been as an other training to
	hours after de	h filled in hy the f
NEDS, P.O. BOX 68760,	hat the death certificate be executed within	I by the attending physician and completely
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	R ATTENDING PHYSICIAN: The law requires t	RECTING. After this certificate has been signed
	0	C

r attending physician. use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	HEGISTHAR		CERT	IFICATI	C UF	DEA	ın	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) (HARLES	HENRY	HAGER					2. DATE OF D	DAY DAY 22	YEAR 94	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-20-7628	5. SEX	69 YR	day) IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day) May 18	1925	8. BIRT	HPLACE (State or Foreign yland	
OR	9e. FACILITY NAME (If not institution, give st Deatton Medical Cent				y, town o	or Locati	ON OF DE			N/A		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c.	19c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
AL DI	Maryland Bal	timore		Haletr	-	. ZIP COD	E	_	10g.	1 ☐ YES 2 XNO		
NER	1803 Summit Avenue	12 WAS DECEDENT	EVER IN U.S. ARMED	100		21227				USA		
BY	1 Never Merried 2 Norried 3 Wildowed 4 Divorced	YES 2 NO		If yes, sp	ecify Cube	n, Mexica	n, Puerlo Rican,	ecify Yes or No- , etc.)	14. RACE — American Indien, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	NT'S USUAL Of of work done OT use retired.)	during me	ON ost of working	ng	16b. KIND	OF BUSINESS	/INDUSTRY				
MPL	12 Time & Ma								Hospit			
BE CO	17. FATHER'S NAME (First, Middle, Last) Henry Hager					18. MOT		me (First, Middle Rose Jeft	, Meiden Surnam Fra	10)		
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO AI								ity or Town, State,			
	Jane P. Hager 20a. METHOD OF DISPOSITION 1 METHOD 2 Cremation 3 Remo	eval from Stata	20b. PLACE AND D	ATE OF DISPO	SITION (N		idlen	OATE	ryland 21	— City or T		
	1 M Burlal 2 Cremation 3 Removal from State Cometery, crematory or other Committee 5 Other (Specify) 21 AUNATURE OF EUNERAL SERVICE LICENSEE					ND ADDRE	SS OF FA		Baltimor edefeld H		yland	
	Noonne Street	en Xenakis	100640						re, Mary]		212	
	23. PART I. Enter the diseases, or cashock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (Failure OR AS A CONSEQUENCE	CE OF):	r the mo	de of dy	Ing, suci	h as cardlec (or reepiratory	erreet,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DE OF):	:						Days Weeks Months			
EDICAL	PART II. Other eignificant condition	ing in the u							b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Ch	eck only one)				
HYSI	1 TES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 =		OTHE A 4 Nu	rsing Hon	URY AT	sidence	6 Other (Spe	ecify) E HOW INJURY	OCCURED		
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day 28e. PLACE OF	INJURY — At home, fa	M M mm, street, fac	1 🗆	YES 2] NO	28t. LOCATION	N (Street end Nun		Poute Number,	
EE	4 Homfolde determined	building, e	tc. (Specify)					City or Tov	vn, State)			
COMPLETED	Check only 2 MEDICAL EXAMINE		ny knowledge, death oc mination end/or investi								s) end manner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MD					867			DATE SIGNE	(Month, Day, Year)	
F	JOEL MESHU			(Type, Print) HANOV	ER	ST	(BALTIN	LOPE	MD	21230	
	SEP2 7 1994 Julia	Judiache.	'S SIGNATURE									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERTI	FICATE O	F DEATH	1	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lust) CHARLES WILLIAM HEIGER						2. DATE OF DEATH MONTH DAY, YEAR 24 94			3. TIME OF OEATH
DIRECTOR	The Heavilla Constitution		(in yrs. last birthday	MONTHS DAYS		HRS. 7.	DATE OF BIRTH (Month, Day, Year) eb. 23,1	910	8. BIRTHP Country, Mary.	Lace (State or Foreign
	96. FACILITY NAME (If not institution, give street Stella Maris Hospic			96. CITY, TOWN OR LOCATION OF DEATH TOWSON			9c. COUNTY OF DEATH Baltimore County			
E E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, C	TY, TOWN OR LO	CATION					10d. INSIDE CITY
E E	Maryland N/A			ltimore					- 1	LIMITS?
	10e. STREET AND NUMBER						10g. CITIZEN			IAT COUNTRY?
FUNERAL	5210 Staab Terrace				U.S.A					
B	1. MARRIAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	RIN U.S. ARMED S 2 NO DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1 — YES 2 X NO Specify: While the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specific or the specif					— American Indian, White, etc.		
	15, OECEDENT'S EOUCAT (Specify only highest grade con	ON spleted)		S USUAL OCCUPA work done during			18b. KIND OF BU	SINESS/IN	NDUSTRY	
COMPLETED		Elementary/Secondery (0-12) College (1-4 or 5+) STEE NOT				ecialty			1	
ŏ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	R'S NAME	(First, Middle, Maiden	Sumame)		
BE 0	William Heiger				Soph	ie				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Street	at and Number or	Rural Rout	le Number, City or Tow	n, State, Z	Zip Code)	
F	Marie O. Heiger		5210	Staab Te	errace,	Bal	timore, 1	Mary.	land 2	21206
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	06. PLACE AND DATE arpetery, crematory of HOLV REQ			9/27 Baltimore, Maryland			*		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc.									7
1	166) 0	2=	John	C. Mil	Ler,	Inc.	~~10	Meson	land 21206
Y	73 PART I. Enter the diseases or com	policetions/the com	and the death. Do							
	23. PART I. Entar tha diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heert fellute. Liet only one some off-each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due To (or As A Consequence of):									
MEDICAL CERTIFICATION	Sequantielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): d									
	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Chronic Obstructive pulmonary disease 1 YES 2 NO 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									
z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: TYPE OTHER:								
YSI	1 TES 2 NO 1	☐ Inpetient 2 ☐ ER/O		4 - Nursing H		lence x6	Other (Specify)	Hosp	ice	
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		JURY	NJURY AT WORK? YES 2 1 h		d. DEŞCRIBE HOW I	NJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	street, fectory, of	treet, factory, office 28t. LOCATION (Stre City or Yown, Sta			eet and Number or Rural Route Number, ate)				
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NUMBER DASTOA3			29d. OATE SIGNED (Month, Day, Year)				
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DR. KENDALL R. FAULKNER, MD 2300 DULANEY VALLEY RD., TOWSON, MD 21204									
	SEP2 7 1994 Julia	REGISTRANCE								

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-716 10/11/94 t.t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and more leads. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
1. DECEDENT'S NAME (First		OEITH IDATE OF BEATT				DEATH	2. DATE OF DEATH 3. TIME OF DEATH					_		
MARQUIS AVERY			He	Heilman						944	6:29	A	М	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In y	rs. last birthde			IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or	r Foreign	,
220-41-2542 1½ M 2 □ F				YAS. 2 14				July 10,1994 Maryla			land			
99. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH								EATH						
BAYVIEW MEDICAL CENTER E.R. BALTIMORE CITY N/A														
44. 02.17								10d. INSIDE C	ITY	0.4				
Maryland N/A Baltimore City								1 ☑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?						
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF 21206 U.S.A									.7					
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1		S. ARMED			ENDENT OF HISPAN				14. RACI	BACE — American Indian.		
1 Never Merried 2 3 Widowed 4 Dive		IF YES, GIVE W				If yes, specify Cuben, Mexican, Puerto Rican, stc.) 1 ☐ YES 2 📉 NO Specify: Specify: White, etc. Specify: White								
(Specify on	CEDENT'S EDUCA by highest grade of	completed)		(Give kind o	I'S USUAL OC of work done d use retired.)			16b	. KIND OF BU	SINESS/IND	USTRY			
Elementary/Secondary (College (1-4 or 5+)		N/A	use remed.)			1	N/A					
17. FATHER'S NAME (First, A							16. MOTHER'S NA			Surname)				
Michael Hei	.lman						Michel	lle 7	[homas					
19e. INFORMANT'S NAME (nd Number or Rural I		-		,			
Michael Hei	Lman			5000	Lodes	tone	e Way, I	, Bal	Ltimore	e, Ma	ryla	ınd 212	.06	
206. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Specify) 20c. LOCATION - City or Town, State Of DISPOSITION (Name of Specify) 20c. LOCATION - City or Town, State Of DISPOSITION (Name of Specify) 20c. LOCATION - City or Town, State Of DISPOSITION (Name of Specify)								nd						
21. SIGNATURE OF FUNERA		NSEE O					D ADDRESS OF FA							
· Dros	the	mil	2	/_	64.	nn (15 E	Selair Ro	r, Ir bad,	nc. Baltir	more,	Mar	yland	212	06
23. PART i. Enter the of shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure. L	ASPHYXIA	e on fact	ilna.		tha mo	da of dying, suc	h as care	diac or raapi	ratory arr	ast,	Approx interval Onset a	Batwe	
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST b. OVERLAYING DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):														
PART ii. Other significa	ent conditiona	contributing to	death but	not rasuitin	g in the und	darivino	causa givan in	Part I	24a. WAS AN	AUTOPSY	24h	. WERE AUTOPS	V EINDIN	ice
						,	, grun m		PERFOR	MEO?	1.00	AVAILABLE PRIC	OF TO	
								-	1 VES 2	□ NO		OF DEATH?		
DID TORACCO II	ISE CONTR	IDLITE TO CAL	ISE OF I	DEATH Y	VEC N	ю F	LINICEDTAIN					YES 2	NO	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
EXAMINER? 1 X XES 2 □ NO		HOSPITAL:			OTHER	:	e 5 🗆 Residence	e 🗆 ou	- (0 11)					
27. MANNER OF DEATH		28e. OATE OF	NJURY	28b. T	IME OF	28c. INJ	URY AT		CRIBE HOW I	NJURY OCC	CUREO			_
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?														
2 KAccident 3 Suicide Could get be 286. PLACE OF INJURY — At home, ferm, street, fectory, office 286. LOCATION (Street and Number or Rural Route Number)							Route Number,		_					
4 Homicide determined HOME HOME City or Town, State) 5000 LODESTONE WAY, # 1,														
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es stated. XMEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated.														
29b. SIGNATURE AND TITLE	OF CERTIFIER	Don					O.C.M		-	29d. DATE ► S.	E SIGNED	(Month, Day, Ye, 24, 19	94	
30. NAME AND ADDRESS OF	m.		F OF OEATH	(ITEM 27) (Ty	pe, Print) nn St	ree	et, Bal	timo	ore, l	Mary	land	1 2120)1	
31. DATE FILE MONTO DAY HOU O A BEGISTRAR'S SIGNATURE														

BALTIMORE, MARYLAND 21215-0020

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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9 - 21 Gwynne eroy Holden 3. TIME OF DEATN WYNI 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🙀 M 2 🗌 F 18 5048 217 81 1-16-1 Penna 9a. FACILITY NAME (If not Institution, give street and number) 9c. COUNTY OF DEATH b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 10 permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Co Bel Air 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 101 Eastern Avenue 21014 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, Whife, stc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced ETED. 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elamentary/Secondary (0-12) College (1-4 or 5+) Law COMPL 12 +4 Attorney 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Chester O. Holden Addie Norris BE 19a. INFORMANT'S NAME (Type/Print) Wife: Jean 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Todd Holden 30 E.Penna Avenue, BelAir, MD 21014 þe 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ XDonation 5 □ Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must cemetery, crematory or other placel 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald examiner Wade, Din 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 or removal medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate interval Between ahock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the and completely fille burial, cremation, CELL WING CANCEN disease or condition resulting in death) UN Sun Au oman event, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). 2 if any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) the attending p that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL and signed the 1 YES 2 DINO OF DEATN? 1 YES 2 NO ō DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Item ; HOSPITAL: certificate h OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residenca 6 🗀 Other (Specify) the 6 27. MANNER OF GEATH 28a. OATE OF INJURY 28b. TIME OF this c 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO is marked, INJURY 1 Natural 5 Pending м 1 YES 2 NO After t BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 3 Suicida 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: hours after 28 4 Nomicide Item 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of ax tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AND TITLE OF CERT 9c LICENSE NUMBER BE 29d. DATE 2 O HAME AND ADDRESS OF PERSON WNO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print) who EMAN478 2112 31. DATE FILEO (Month, Day, Year) SEP 2 7 1994 32. REGISTRAR'S SIGNATURE

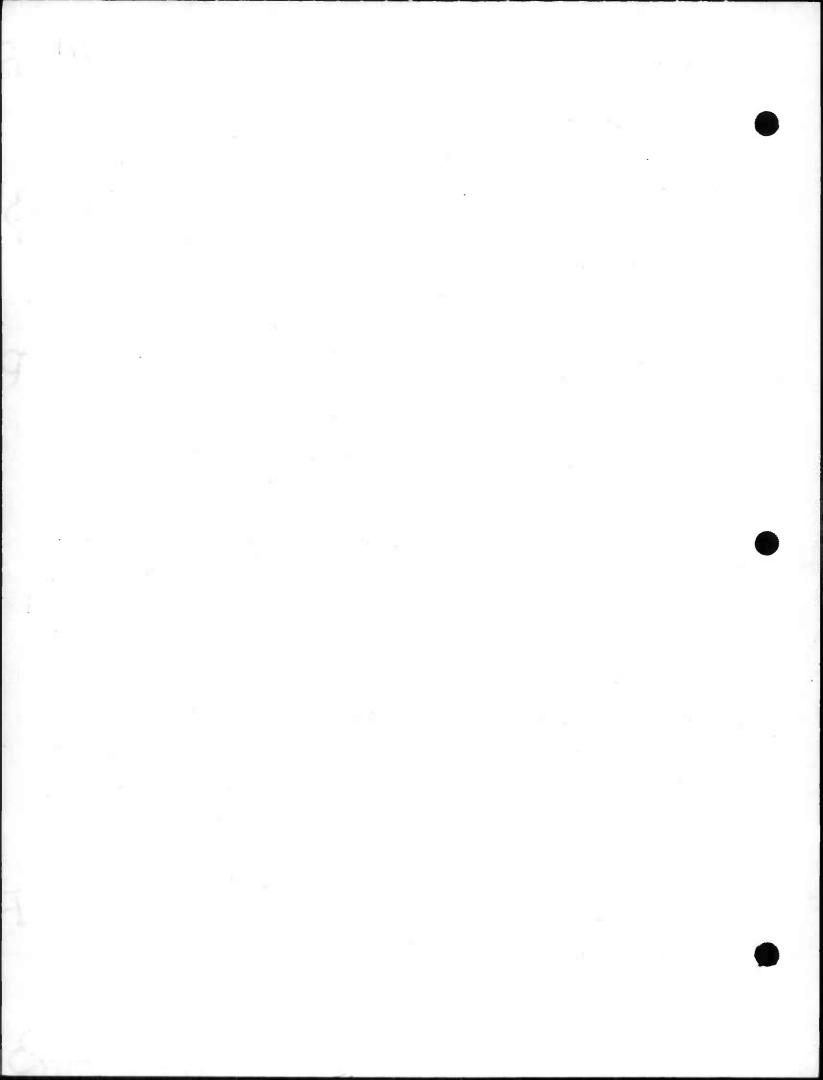
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to The Found death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Mild	red Tykov		DATE OF DEATH DAY	H 3. TIME OF DEATH					
		INKOVICH			9.26						
	4. SOCIAL SECURITY NUMBER 5. SEX 194-05-9870 1 □ M	8. AGE (In yrs. last birthds	MONTHS DAVE		Month, Day, Year)	Country)	LACE (State or Foreign				
	9a. FACILITY NAME (If not institution, give street and n	11 //		R LOCATION OF DEATH	ec. 30, 1914	914 Pennsylvania					
E E	Howard County Gener	,		lumbia		Howard					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR			CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
	Pennsylvania Allegher 100. STREET AND NUMBER	пу	McKees]	ZIP CODE	10g.	CITIZEN OF WI					
FUNERAL	1401 Pirl Street			15132		U.S.A.					
P.	11. MARITAL STATUS 1 X Never Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 NO		NDENT OF HISPANIC (ORIGIN? (Specify Yes or No	- 14. RACE - Black.	- American Indian, White, etc.				
ВУ		ES, GIVE WAR OR DATES		2 NO Specify:		Specify					
ED	15. DECEDENT'S EDUCATION	18a. DECEDEN	T'S USUAL OCCUPATION	WIIICC							
ET	(Specify only highest grade completed Elementary/Secondary (0-12) College		of work done during most T use retired.)	I of working		b					
COMPLET	12	Bu	siness Cle			surance Company					
_	17. FATHER'S NAME (First, Middle, Last) Peter Ivkovic		18. MOTHER'S NAME (First, Middle, Malden Surname)								
BE	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street an	Mary Kusic DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
5	Mr. Daniel Ivkovich				tonsville,		32				
	20a. METHOD OF DISPOSITION 1 & Burial 2 Cremetion 3 Removal from		TE OF DISPOSITION (Nan	ne of	DATE 20c. LOCATION	N — City or Tow	n, Stata				
	4 Donation 5 Other (Specify)		:-Versailles		/30/94 McKeesport, PA						
H	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)										
9	Sykesyille, MD 21784 (410)-795-1400										
	23. PART I. Enter the diseeses, pr complice ehock, pr heert fellure. List pnly	tione the ceused the death. D Dne ceuse on each line.	o not enter the mod	le of dying, such e	s cardiac or reepiratory	y arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final disease or condition)										
	DUE TO (OR AS A CONSEQUENCE OF): Asilon Consequence Of Consequenc										
CERTIFICATION		If any, leading to immediate									
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or Injury										
E	thet initiated events reculting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE	EDF):								
CER	d										
AL	PART II. Other significant conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PROPORTO ANILABLE PRIOR TO										
MEDIC	Mixeo mesasternal terms of dyszy 1 - yes 2 ms AMILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
	DID TOPACCO LISE CONTRIBUTE TO CALISE OF PEATLY VES ET NO.										
A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sic	EXAMINER? 1 YES 20 NO HOSPITAL: 1 Input lant 2 ER/Outpatlant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)										
PHYSICIAN:		DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?									
ВҰ	Natural 5 Pending 2 Accident Investigation			1 YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide detarmined										
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
Ø.	one) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
ш	29b. SIGNATURE CERTIFIER 29d. DATE SIGNED (Month,										
D 22856 > 9-26											
	30. NAME AND ADDRESS OF PERSON WHO COMPLI		ype, Print)	2104							
	31. DATE FILE Propris, Gov. Years 000 4 76.	registrar's signature	, - CO-	2107	7						
	SEF 4 / 1994 (**)	a Mother Karlall									



MARYLAND 21215-0020 BALTIMORE, ours after death. requires that the death certificate be executed withi BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SHAWN JACKSON SEPT 23 00:50 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year, DAYS HOURS MIN. 1 M 2 F 22 YRS. 220-90-8750 Dec 6, 1971 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland TY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 3405 Fairview Avenue 21216 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-Never Merried 2 Married If yes, specify Cuben, Mexican, Puerto Rica

1 YES 2 NO Specify: ВУ IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Bl.ack COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe funeral director, page 5 should be detached for Elementary/Secondary (0-12) 9th Grade Cook McDonalds Corp once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Calvin Jones Betty Jackson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty Lewis 3405 Fairview Avenue Baltimore, MD 21216 pe 20e METHOD OF DISPOSITION

1A Burlel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, State must ery, crematory or other piece;
Zion Cemetery 4 Donetion S Other (Specify) 9/28 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILIT Nutter Funeral Homes, 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin ac in and completely filled in by the to burial, cremation, or removal. medical 23. PART i. Entar tha diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failura. List only ona cause on each line. interval Batweer IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ MULTING GUNSHOT WOUNDS event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atter Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO this certificate has been with the State Dept. of P DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:

1 X Inpatient 2 ER/Outpatient 3 DOA OTHER: XXVES 2 NO 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending SUBJUCT SHOP 222154 22 24 death ВУ 2 Accident 3 Suicide 28e. PLACE OF INJURY 261. LOCATION (Street and Number or Rural Route Number, City or Town. State) DIRECTOR: A hours after di COMPLETED 6 Could not be 28 4 Chomicide determined UNISCT S WOT Item ; 1
CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, end due to the ceuse(e) end menner as stated. TO THE HOSPITAL

TO THE FUNERAL I

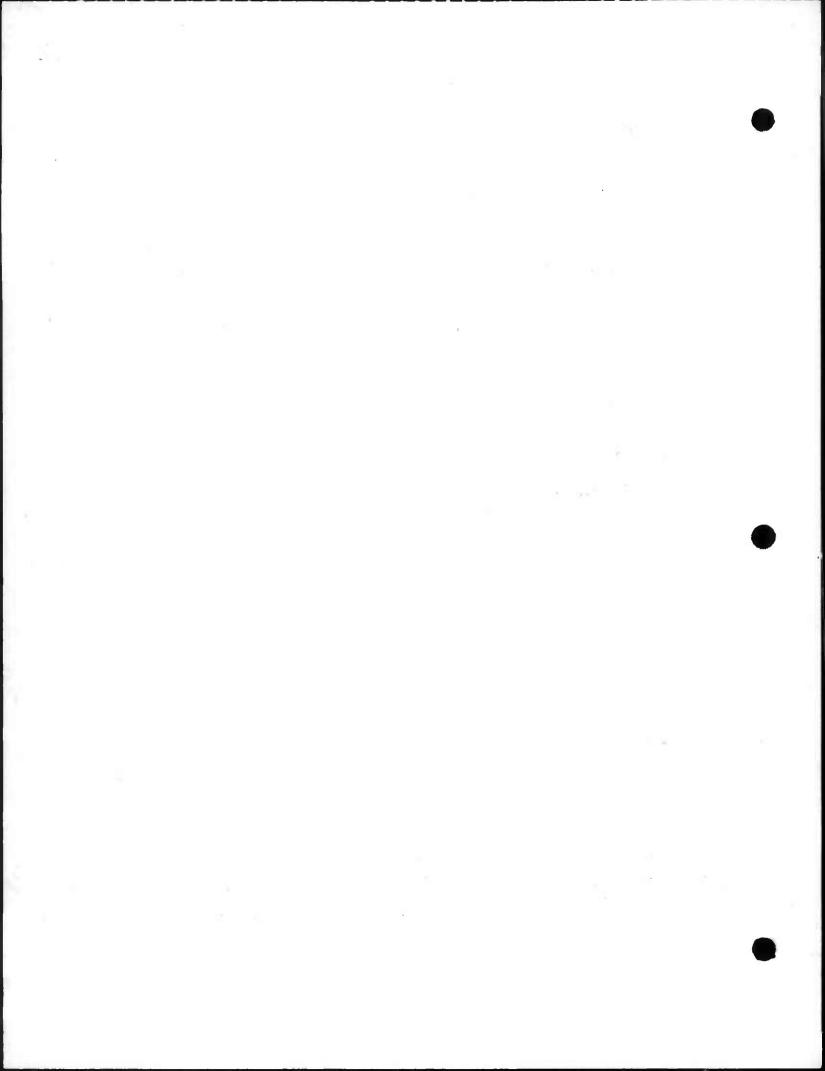
Be filed within 72 h

IMPORTANT: If I 2 🕅 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E SEPT.23,1994 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LORSW

A 32. REGISTRAR'S SIGNATURE in Dunden-Ra

111 Penn Street, Baltimore, Maryland 21201



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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physicia
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nouls after death.	filled in by the funeral director,	on, or removal.	natic event, the medical exami-
one executed willing	iclan and completely	rior to burlal, cremati	traumatic event, t
at the ocall cerumoan	has been signed by the attending physician and comple	and Mental Hygiene p	y injury, or other
I. IIIe iam iequiles III	cate has been signed	State Dept. of Health	1, or item 23 shows any injury, or oth
ANDING PRINCIPLE	TOR: After this certificate I	after death with the State Dept. of Healt	If item 28 is marked, or item 23 shows any injury, or other traumati
ע און	AI, DIREC	77 hours aft	III Item

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT (CERTIFICATE		MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATH	20	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In w	Jam (9 25	94	5:30 p M BIRTHPLACE (State or Foreign					
	219-18-7314	1 - M 2 XE 8 1	M 2 XF 81 VRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year) 5-8-1913									
OR	9a. FACILITY NAME (If not institution, give street and number) Cherry wood Manor Reisterstown Batto.											
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	Md.		LIMITS?									
FUNERAL	100. STREET AND NUMBER	Arlington	Ave.	10f. ZIP CODE 2/2	17	10g. CITIZEN	OF WHAT COUNTRY?					
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2			NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, Whita, atc.					
В	3 K Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 2 XNO Speci		*	Specify:					
E	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 16s	DECEDENT'S USUAL OCCU (Give kind of work done duri- life. Do NOT use retired.)	PATION ng most of working	16b. KIND OF BU							
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domest	ic								
	17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, Maiden	Sumame)						
BE	19a. INFORMANT'S NAME (Type/Print),		19b. MAILING ADDRESS (S		Driete Number City or Tou	o State 7to Co	dal					
5	Wilbert M	yles	1100 Bol	ton St.	Balto N	1d. 2	1217					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) DATE 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Cemetery, crematory or											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22. NAI	E AND ADDRESS OF FA	CILITY	SA	TVIQ:					
	Hours	a. mor	ton 12	DI Laure		Salto.	Md-21217					
	23. PART I. Enter the diseases, pr co shock, pr haart fallura. L	omplications that caused the ist only one cause on sach	e death. Do not enter the lina.	moda of dying, suc	h as cardiac or respi	iratory arrest	, Approximata Interval Batween					
	IMMEDIATE CAUSE (Final disease Dr condition resulting in death) a. Afherosclo-of: Corony Varl Dir											
_		DUE TO (OR AS A CO	NSEOUENCE OF):	V								
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COR	NSEQUENCE OF):									
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):									
ERT	resulting in death) LAST d.											
AL C	PART II. Other significant conditions	contributing to death but n	not resulting in the under	lying causa given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDIC	Cerebrol	Varantes	Acen	lum of	1 TES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?					
Σ.	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF D	DEATH YES □ NO	UNCERTAL			1 TYES 2 NO					
SIAN	25. WAS CASE REFERRED TO MEDICAL	26. F	PLACE OF DEATH (Check only		N L]							
YSI	1 - YES 2 PNO	HOSPITAL: 1 tnpatlant 2 ER/Outpatien		Home 5 - Residence	6 Other (Specify)							
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED					
D BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, term, street, factory,		281. LOCATION (Street I City or Town, State)		Rural Route Number,					
EE	4 Homicide datarmined											
3 Suicide 8 Could not be detarmined 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	Moss/	np	29c. LICENSE NU	PP 1	29d. DATE SI	GNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEATH	10.	-		110	21121					
	31. DATE FILED (MORTH, Day, Year)	732. REGISTRAR'S SIGNATUR		Keisten	2570WN	M) (×1156					
	31. DATE FILED (MORITI, Day, Year) SEP 2 7 1994	Jahri Danison - Rom	مليد									

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LIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after	TO THE FUNERAL DIRECTOR after this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 mountain each with the State Dept. of Health and Mental Hygiene prior to burial, crematio	IMPORTANT: If item 274, marked, or Item 23 shows any Injury, or other traumatic event, the medical e	

the bunal-transit permit. Pages 1, 2, 3 should TO THE FUNEBAL DIRECTED Annual or conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours filled to the state Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If then 224 manual, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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d within yours after death. Page 6 may be retained by the hospital or attending	by the attending physician and completely filled in he the funeral diseases were E should be described to the
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	for 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	IEALTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH	
	Martha 4. SOCIAL SECURITY NUMBER	-food	Johns			9,	/25/94	4		М	
			E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)	- 1	8. BIRTHI	PLACE (State or Foreign	
	216 56 7246		6 YRS.	3 - 7	11,052.5		/31/4	7	1	1d.	
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT										
DIRECTOR	Franci RESIDENCE OF DECEDENT	s Scott K	ey	Ba	<u>timore</u>						
E C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
8	Md. Bal	timore	Du	nda1k						LIMITS? 1- YES 2 NO	
	10e. STREET AND NUMBER	DIMOTE	Du		. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL	7814 E. C	ollingham	Dr.		21222			USA	4		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yea		4. RACE	- American Indian,	
BY F	1 Never Married 2 Married	FORCES? 1 YES	DATES NO		ecify Cuban, Mexic 25 NO Speci		Rican, atc.)		Black Specif	White, etc.	
	3 Widowed 4 Divorced	4. 2.110			21				Bla		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of v	vork done during me	ON st of working	16b	KIND OF BUS	INESS/INDU	STRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e maker		- 1					
₹											
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, I	J. J.	Surname)			
BE											
2	19a. INFORMANT'S NAME (Type/Print) Nicholas Johns	on Too			nd Number or Rural					43 01000	
	20a. METHOD OF DISPOSITION					_				id.21222	
	1 Durial 2 Cremation 3 Ramo		GOUGH M		meof ⊇m.	DAT		CATION — CI		n, Stata 1e, Md.	
	4 Donation 5 Other (Specify)		Jougn H		ID ADDRESS OF F	1	. 5 000	reys	. A T 1	ite, Mu.	
		17	_	Jame	es A. M	orto	n & S	ons			
	pamer	7 7 7 0 1	ton							id 21217	
	23. PART it Enter the diseases, or contact the entert feiture. L	int pair pae ceuse pa	ed the deeth. Do n	ot enter the mo	de of dying, suc	ch ae cerd	liec or reepir	ratory arre	nt,	Approximete	
	IMMEDIATE CAUSE (Finei			1						interval Between Onset and Death	
	disease or condition resulting in death)	Myses	a dest	byfu fin	7					Sadles	
į	DUE TO (OR AS A CONSEQUENCE OF):										
S S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
F	if any, leeding to immediate ceuse. Enter UNDERLYING	Sickle	A CONSEQUENCE OF	here						Yes.	
5	CAUSE (Disease or injury that initiated evente		A CONSEQUENCE OF		0					1	
CERTIFICATION	resulting in deeth) LAST	(,-							
E	d									-	
A	PART il. Other eignificent conditions	contributing to deeth	but not recuiting i	n the underlyin	ceuse given in	Part i.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS	
8							1 TYES 2			AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?	
WE						ſ				1 TES 2 NO	
ż	DID TOBACCO USE CONTR	IBUTE TO CAUSE (OF DEATH YE	S INO I	UNCERTAI	N 🗆					
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT								
S A	1 YES 2 NO	1 Inpatient 2 ER/Ou	tpetient 3 DOA	OTHER: 4 Nursing Hom	• 5 Residence	8 🗌 Other	(Specify)				
PHYSICIAN: MEDIC/	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Yeer)			URY AT RK?	28d. DES	CRIBE HOW IN	JURY OCCU	RED		
N	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spi	IY — At home, farm, s ecify)	treet, fectory, offic			ATION (Street ar	nd Number o	Rural Ro	oute Number,	
4PL		IAN: To the best of my know									
COMPL	one) 2 MEDICAL EXAMINER	On the beals of examination	on and/or investigation	n, in my opinion, d	eath occured at the	time, data	end place, and	I due to the	cause(a)	and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					Month, Day, Year)	
8 0	REMAGN, M.	0.			20931	3		▶ 9/3	27/8	4	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	64	10	MD	2/2	> -		
	31. DATE FILED (Marith-Day Voor)	22 RECUSTPADIO OLO	NATURE	. 700	27	-,-,		114	e L		
21. Magno M. O. 1811 Wire Ave BALD. MD 2/3 2 2 31. DATE FILED (Magnoto-Day) 1914 32. REGISTRAR'S SIGNATURE											

BALTIMORE, MARYLAND 21215-0020 is after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within en hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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AN: T	tificate	e Stat	r ite
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NG P	fter th	eath w	mark
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OR AT	DIRECT	HOURS &	tem ?
PITAL	RAL (12 h	E IF I
HOS	FUNE	withi	TAN
O THE	O THE	e filed	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	2	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	REG. NO.				
		CELIO -JO	NES Lin	nwood	d T. Jones 2. DATE OF DEATH SEPTEMBER			3. TIME OF OEATH 24 9:00 p M			
	4. SOCIAL SECURITY NUMBER 213-32-1269	5. SEX 6. AGE (In yrs. last birthday, 1 💢 M 2 🗆 F 58 YRS.			UNDER 1 YEAR				8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give :	street and number)		9b	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
CTOR	1101 Nalley Ro	ad		LANDOVER PRINCE GEORGE					ORGES		
2	10a. STATE 10b. COUNT	Υ	10-	c. CITY, TO	OWN OR LOCAT	ION			10d. INS	SIDE CITY	
ā	MD PRINC	E GEORGES	5	LA!	NDOVE	R				S 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 1101 Nalley Road		****		101	20785		10g. CITIZI	EN OF WHAT COU	JNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		13. WAS DEC		HC ORIGIN? (Specify Yea	or No-	14. RACE Amer Black, White, o	ican Indian.	
₩	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		O If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:				0 14	Black		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDI	ENT'S US	JAL OCCUPATION	ON	18b. KIND OF BUS	INESS/INOU	ISTRY		
COMPLETED	Elementery/Secondary (0-12) 9th	College (1-4 or 5+)	TRU	VOT use re	done during mo tired.) DRIV						
OM	17. FATHER'S NAME (First, Middle, Lest)	-			_	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
	Linwood Jones						y Green	,		- 1	
8	19a. INFORMANT'S NAME (Type/Print)	-	19b. MA	ULING AO	ORESS (Street a		Route Number, City or Town	n, State, Zip (Code)		
2	James R. Jones					e Lane	BALTO, I			21208	
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND I	ATE OF D	ISPOSITION (Ne	ime of ark	OATE 20c. LOCATION — City or Town, State 92394 Randallstown, Md				
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	/		22. NAME AI	n F/H WE	CILITY		-		
	/ Jala	11 arc	4				h Avenue		,	.215	
	immediate Cause (Finsi disesse or condition resulting in death)	There o 8	on each lins.	. ca			diseon		Int	pproximete terval Bstween nset and Death	
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):										
		d									
MEDICAL	PART ii. Other significent condition	he undsrlyin	g ceuse given in	Part i. 24a. WAS AN PERFOR	MEO?	AWAILABI COMPLE OF DEAT					
	DID TOBACCO USE	CONTRIBUTE	TO CALISE	OF	DEATH	YES I NO			I I YE	S 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUSE	Or		ACE OF DEATH (Ch					
를 등	EXAMINEDA 1 TES 2 NO	HOSPITAL:			THER:						
PHYSICIAN:	27. MANNER OF CEATH	1 Inpatient 2 ER		b. TIME O		URY AT	8 Other (Specify)	HIPV OOO	unco.		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar)	INJURY	M 1 🗆	PRK7 YES 2 NO	28d. OEŞCRIBE HOW II	NJOHY OCCI	DHED		
	3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF IN- building, atc.	JURY At home, ((Specify)	iarm, atre	et, factory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route Num	nber,	
COMPLETED		ICIAN: To the best of my ER: On the best of exami								nner as stated.	
TO BE C	296 SHOWATURE AND TITLE OF CERTIFIE	range	mo			299 DICENSE NUI	BER	DATE OATE	SIGNED (Month, D	Day, Your)	
	TUDUS TO ADDRESS OF FEBRUARY WITH THE PROPERTY OF THE PROPERTY	MODELLE DESCRIPTION OF	D, 50	(Non. Pri	Ray 6	rum C	z-C/5	ic .).	Me Z	0748	
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DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
33	1. DECEDENT'S NAME (First, Middle, Last)	William S	. Johnso	n, Sr.		2. DATE OF DEA MONTH Sept.	ТН	YEAR 81, 20p M			
	4. SOCIAL SECURITY NUMBER 216-12-7822	1 💢 M 2 □ F 8	(In yrs. lest birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 07/03/1	и .	BIRTHPLACE (State or Foglign Country) Carolina			
TOR	9a. FACILITY NAME (If not institution, give sti Meridian Heritage RESIDENCE OF DECEDENT		ne	9ь. city, town o	er location of d		9c. COUNTY	y of DEATH Ltimore			
DIRECTOR	10a. STATE 10b. COUNTY	Baltimore	10c. CIT	Y, TOWN OR LOCAT	rion Dunc		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐ NO				
FUNERAL	100. STREET AND NUMBER 7022 Gough Street	et .		101	E. ZIP CODE	1224		en of what country? ted States			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp		NIC ORIGIN? (Speci an, Puerto Rican, at fy:		4. RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	(Give kind of life. Do NOT u.		st of working		F BUSINESS/INDUS	STRY			
OMP	6th Grade 17. FATHER'S NAME (First, Middle, Last)		Kauroa	d Car In		ME (First, Middle, M	(Railroc	ld			
BE C	Charles D. Johnson	n			Bert	tha G. Mo	unning				
9	19a. INFORMANT'S NAME (Type/Print)	7.				-	or Town, State, Zip Co	*			
	William S. Johnson	20h		Z PALOMA OF DISPOSITION (No.			GROVE, (CA 92645			
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Ramo 4 🗆 Donation 5 🗀 Other (Specify)	rval from State cem	oak Law	n Cemete	ry 9/27/	194	Baltimo	ore. Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE Adming L. E.	EN\$EE		Duda	ND ADDRESS OF FA	ineral Ho	ome of Du Halk. MD	undalk, Inc.			
	23. PART i. Enter the decases, or complications that ceused tha deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate interval Between										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		NEUR	10N,	A			Onset and Daath			
z			CANCO		F TH	t Li	1N6	YEARS			
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A, S.	C: V				YEARS			
CERTIFICATION	that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
4	PART II. Other significent conditions	contributing to deeth b	out not resulting	in the underlying	g ceuse given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						''	ES 2 NO	DF DEATH?			
AN	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF		- toward						
SICI	EXAMINER?	HOSPITAL:	entient 3 🗆 DOA	OTHER:	ACE OF DEATH (C)	8 Other (Specify					
PHYSICIAN:	27. MANNER OF DEATH 1 Actural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. INJ	URY AT PRK?		10W INJURY OCCUI	RED			
2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)								Rural Route Number,			
COMPLE		CIAN: To the best of my know R: On the bests of examination						cause(a) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	eracion)	~ ULG	O PA	29c. LICENSE NU	3664	29d. DATE S	SIGNED (Month, Day, Meer)			
F	30. NAME AND ADDRESS OF PERSON, WHO	RITT BLUI	D B	ACTO	MD	2/2	- 22				
	SEP2 7 1994 July	22. REGISTRAR'S SIGN	ATURE /								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

-	REGISTRAL				LITTI	IVALL	_ 01	DEA	117	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY JAF									2. DATE OF DEATH MONTH 09-20-19	2. DATE OF DEATH AND YEAR 3. TIME OF DI 7:00		
	4. SOCIAL SECURITY NUME							7. DATE OF BIRTH (Month, Day, Year) 10-8-190		8. BIRTH Countr	PLACE (State or Foreign		
	9a. FACILITY NAME (If not in					9h CITY	TOWN	OR LOCATIO	ON OF DEA			INTY OF D	
DIRECTOR	1205 HANSO	N ROAL	,					WOOD	ON OF DEA	un		HARFO	
S I	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY
	MD	HAF	RFORD				INGD	ON					LIMITS?
FUNERAL	3301 TRELI	IS LAN	JE				10	r. ZIP CODI	1009		10g, CIT	IZEN OF W	HAT COUNTRY?
5	11. MARITAL STATUS	- //	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPANH	C ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2	NO	NO If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: Specify:					WHITE		
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	18a, D	ECEDENT'S Give kind of a	USUAL O	CCUPATIO	ON ost of working	00	16b. KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5 +		TEAC	e retired.)				EDU	CATI	ON	
ŏ.	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTH	HER'S NAM	E (First, Middle, Maiden	Sumame)		
BE	SAMUEL			FIGEN	IBAUM			M:	INNIE	DO DO	CTOR	OFF	
5	199. INFORMANT'S NAME (7) MRS. PHYLI		ERN	19						BINGDON, M			>
	20a. METHOD OF DISPOSITI	n 3 K Ramo	val from State	20b. PLACE cemetery, cr	ematory or o	ther place)	ITION (Na	ame of		DATE 20c. LOC		City or To	
	21, SIGNATURE OF FUNERAL		ENSEE /	- I M'T'	SHAR		NAME A	ND ADDRES				C TEPI	J, FA
	1 Loc	20) Le	wis						BROS, IN		MORE	, MD 21215
	23. PART Enter to edishock, or home DIATE CAUSE (Findisease or condition resulting in death)	eart tanure. L	lat Driy Dne cau	Cire	6. 60 51-	5	the mo	de of dyl	ng, such	as cardiac or respl	ratory ar	reat,	Approximate interval Between Onset and Death
NO	Sequentially list conditi		ų	(OR AS A CONSE				_					
CERTIFICATION	If any, leading to immediate. Enter UNDERLY: CAUSE (Disease or inju	NG		(OR AS A CONSE									
ERTI	that initiated events resulting in death) LAS			(ON AS A CONSE	OUENCE OF	·).							
	PART II. Other algolfica	nt conditions	contributing to	death but not	reaulting I	n the un	derlyin	g cause g	iven In P	art i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL		entin						7,30,30		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ										_	_\$-NO	1	OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO U		IBUTE TO CA					UNC	ERTAIN				
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PLA	CE OF DEAT	OTHER							
₹	1 YES 2 DATO		1 Inpatient 2			4 D Nun	sing Hom			Other (Specify)		rdin	Hane
BY P	1 Natural 5	Pending investigation	28a. DATE OF (Month, O		28b. TIM INJ	E OF URY M		URY AT PRK? YES 2		28d. DESCRIBE HDW IN	JURY OC	CURED	
		Could not be setermined	28s. PLACE O building,	F INJURY — At he etc. (Specify)	ome, tarm, a	treet, tect	ory, offic	4		281. LOCATION (Street a City or Town, State)	nd Number	or Aural A	oute Number,
29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted.													
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									and manner as stated,				
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER		7.6	•				D 3	50/2	29d. DAT	E SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALE	OF DEATH (ITE	M 27) (Type,	Print)							
	SEP 2 7 19	94	32. REGISTRA	R'S SIGNATURE	٨,								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 8 may be retained by the hospital or attending physician.

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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

	TIEGISTIAN				20 0 0 00	OATE	- 01				IEG. NO.					
	1. DECEDENT'S NAME (First, VERNON		JOH	NSOI	J					2. DATE OF MONTH	DEATH	7	YEAR	3. TIME OF DEATH 12:54 Am		
	4. SOCIAL SECURITY NUMB 216 75 806		5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, Da	BIRTH ny. Year) /193	4	8. BIRTHPLACE (State or Foreign Country) 4. MD			
	9a. FACILITY NAME (If not in	9b. CITY	TOWN (OR LOCATI	ON OF DE		, _ , _ ,		NTY OF DE							
DIRECTOR	BON SECOUR		TAL			BALTIMORE										
입	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOCATION 16d. INSIDE CITY					10d. INSIDE CITY					
	MD		LTIMORE					LIMITS?								
FUNERAL	10e. STREET AND NUMBER			101	. ZIP COD						HAT COUNTRY?					
崱	2464 NEVAD	A ST.						2123	30			U.	S.A.			
큔	11. MARITAL STATUS 1 X Never Married 2	Married	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (S n, Puarto Rica	ipecify Yea n. etc.)	or No-	14. RACE Black,	Americen Indian, White, etc.		
B⊀	3 Widowed 4 Divo		IF YES, GIVE Y				T YES	2 XNO	Specify	:			Specify	Specify: R. AMERICAN		
	15. DEC (Specify only	EDENT'S EDUC	ATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	307	16b. Kill	ND OF BUS	INESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	lite	Do NOT us	SABII										
O	17. FATHER'S NAME (First, M	iddie, Last)						18. MOT	HER'S NAI	ME (First, Midd	lle, Maiden	Sumame)				
BE C	CLARENCE	JOHNSO	N					EUN	IICE	WALLA	CE					
	19e. INFORMANT'S NAME (7)	iype/Print)	-	198	. MAILING	ADDRESS	(Street e	nd Number	or Rural R	loute Number,	City or Town	n, State, Zip	Code)			
2	LAVERNE HAM	M		2	464	NEVA	DA S	ST. E	BALTI	MORE 1	MD 21	1230				
	20e. METHOD OF DISPOSITI	n 3 🗆 Remo	val from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	ime of		DATE	1		CATION — City or Town, Stata			
	4 Donetton 5 Other 21. BIGNATURE OF FUNERAL		TAIOSE .	MT . Z	ION				9/21		B.A	ALTO.	MD			
	21. SHARK ONE OF FOREIGN	/	/ la	10	_			P BR		RS FUI	NERAI	SER	VICE	P.A.		
- 7	de	axo	IN	Bu	1		1300	EUI	'AW P	LACE 1	BALTO	. MD	212	17		
	23. PART I. Enter the diseases, or complications that caused the doubt. Do not anter the mode of dying, such as cerdiec or respiratory errest, abock, or heart failure. List only one cause on each line.															
	IMMEDIATE CAUSE (Fin													Onset and Daath		
	disease or condition resulting in death)	→ .		-UMa	, ,											
	DUE TO (OR AS A CONSEQUENCE OF):															
NO	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):															
CAT	cause. Entar UNDERLYi	NG	a.	HYDRI		- /								į		
Ē	CAUSE (Disease or inju that initiated events			(OR AS A CONSEC								-0-				
CERTIFICATION	resulting in death) LAS	6														
	PART II. Other significa	nt conditions	contributing to	daath but not r	esuiting	in tha un	deriyin	g cause (given in	Part i. 24	. WAS AN			WERE AUTOPSY FINDINGS		
EDICAL										1	PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEC														1 YES 2 NO		
ä	DID TOBACCO	O USE C	ONTRIBUTI	TO CAUS	E OF	DEAT	TH Y	ES [NO	图						
BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)						
7.9	1 TES 2 NO			ER/Outpetient 3	□ DOA			e 5 🗆 Re	esidence	6 Other (Sp	pecify)					
E	1 Natural 5	Pending	26e. DATE OF (Month, E		26b. TIM INJ	URY		RK?		28d. DEŞCRI	BE HOW II	NJURY OC	CURED			
B	2 Accident	Investigation		-		→ ^M		YES 2	□ NO		-					
E		Could not be determined	26e. PLACE C building,	of INJURY — At hor etc. (Specify)	me, ferm, a	rtreet, fect	ory, offic	•		28f. LOCATIO	ON (Street a own, State)	ind Number	or Rumi Ro	oute Number,		
Ш	20. CERTIFIER															
COMPLETED	29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as stated.									and manner as stated						
20h CICNATIDE AND TITLE OF CONTAINED																
BE	D29071 1 9-19-84								MOTILIT, Dely, TORY)							
5	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	1 27) (Type,	Print)			1	/			1 /	1 /		
	0.110	MAN,		521 N.	EU-	7Ac	25	7 #	305	- BA	ni	MON	£	MD2/20/		
	SEP 2 7 19		32. REGISTRA	AR'S SIGNATURE												
	JLF 2 / 19	34	John Denie	en-Romen												
				4										DHMH-16 Rev 1/89		

F 25

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		NTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH		3. TIME OF DEATH
	FDWARD	KOWALKSI				EPTEMBER		
	4. SOCIAL SECURITY NUMBER 212-03-7656	5. SEX 6. AGE ((In yrs. last birthday) 88 YRS.	MONTHS DAYS	IF UNDER 24 HRS. 7	(Month, Day, Year)	Co	RTHPLACE (State or Foreign untry) RYLAND
	9a, FACILITY NAME (If not institution, give				OR LOCATION OF DEAT		9c. COUNTY O	
DIRECTOR	THE JOHNS HOPKII	NS HOSPITAL		BALIT	ORE CITY			
JEC.	10a. STATE 10b. COUNT	γ	10c. CITY	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY
	MARYLAND		ВА	LTIMORE				LIMITS?
FUNERAL	109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 21224 USA							
S	11, MARITAL STATUS	12. WAS DECEDENT EVER IF			ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No 14, R	ACE — American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxican, F 2 NO Specify:	Puerto Rican, etc.)	S	lack, Whits, atc. pecify:
	15. OECEDENT'S EDU	CATION	18a. DECEDENT'S	USUAL OCCUPATIO	NA .	16b. KIND OF BU		HITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)		vork done during mo		IOU. KIND OF BU	SINCSS/INOUSTA	Y
MPL			RETIRE	D				
	17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S NAME			
BE	JACOB KOWALSK	1	195 MAILING	ADDRESS (Street a	VERONII nd Number or Rural Rou	CA TUCK		
6	MRS. LILLIAN KO	WALSKI			Y STREE			21224
	20s. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Rem	20b	PLACEANDDATED	F DISPOSITION (Na	me of		CATION — City or	
	4 Donation 5 Dother (Soicity)	J UA	netery, cremetory or of K LAWN			9-24 BA	LTO CI	TY MD.
1	Maria VV				ROWSKI 6			
_7	23. PART i. Enter the diseasea, or	alman	d the death Dec	2525	FLEET S	T. BALTO). MD.	
	ahock, or heart fallure.	List only one ceuse on e	ech line.	ot enter the mo	de or dying, such a	s cerdiec or reep	ratory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	PARCUM	MASA.					Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	7):				1 week
NO	Sequentially list conditions,	· Lug	CONSEQUENCE OF	ree				Jears
ATI	If any, leading to immediate cause. Enter UNDERLYING	OUE IO ION AS A	CONSEQUENCE OF	·);				
FI	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF	j):				
CERTIFICATION	resulting in deeth) LAST	d						
AL (PART II. Other significant condition	ne contributing to deeth b	ut not resulting i	n the underlying	cause given in Pa	rt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC						1 🗆 YES 2	\ A	COMPLETION OF CAUSE DF OEATH?
ME	DID TODACCO LICE CONT	TOURIST TO CALLES O	E DEATH WE	- -	1	_	'	1 - YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEAT	S NO L	UNCERTAIN			
SIC	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Rasidenca 8 🗈	Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		d. OESCRIBE HOW I	NJURY OCCURED	-
B	M 1 YES 2 NO							
	1 288 PLACE DE INJURY At home form etraet fectors office							al Route Number,
COMPLETED	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) end manner as stated.							
OMF	anal .	ER: On the beels of examination						se(s) and mannar as stated.
шШ	29b. SIGNATURE				29c. LICENSE NUMBE			IEO Month, Day, Year)
TO B	1/1/20ler	gno			M 60	117	▶ 9/21	144
	30. MAME AND ADORESS OF PERSON W	COMPLETED CAUSE OF DE			/ OB .	1,10	7	14 ' "\
	31. DATE FILED (Month, Day, Year)	32. REGISTIAR'S SIGN		-110	600 N	Wolte	- , ISA	Ithmere MD.
	CED 9 7 1004	4 0						1

YEAR

3. TIME OF DEATH

BALTIMORE, MARYLAND	Aury after death. Page 6 may be natained by the bosn
BALTI	aurs affer death
13146,	death certificate he executed within
, P.O. BOX 13146,	certificate he e
S, P	death a

21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

GERTRUDE V. KAMMER

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within June

	003-34-2100		1 M 2 XF		76 YRS.	MONTHS	DAYS	HOURS	MIN.	Month, De 12/1				land
СТОВ	BELAIR CONT	/ALESA							21206			9c. COUNT	Y OF DEAT	H
ш	RESIDENCE OF DEC	10c. CI	10c. CITY, TOWN OR LOCATION						10	d. INSIDE CITY				
ב	Unknown Unknown						Unk	nown					1	LIMITS?
								1	10g. CITIZE	N OF WHA	T COUNTRY?			
LONERAL	Unknown Unknown U.S.									S. A				
	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	I U.S. ARMED 2 \(\) NO 13. WAS DECENDENT OF HISPANIC ORIGINATES 13. WAS DECENDENT OF HISPANIC ORIGINATES 14. WAS DECENDENT OF HISPANIC ORIGINATES 15. WAS DECENDENT OF HISPANIC ORIGINATES 16. WAS DECENDENT OF HISPANIC ORIGINATES 17. WAS DECENDENT OF HISPANIC ORIGINATES 18. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OF HISPANIC ORIGINATES 19. WAS DECENDENT OR HISPANIC ORIGINATES 19.				, Puerto Rice				American Indien, thite, etc. White				
9	15. DEC	EDENT'S ED	UCATION te completed)	16	Sa. DECEDENT'S	S USUAL C	CCUPATI	ON of work	Ina	16b. Kill	OF BUSIN	NESS/INDUS	STRY	
	Elementary/Secondary (College (1-4 or 5	+)	(Give kind of life. Do NOT		danig in	oat or work	n ny					
	n/a		n/a		Homem	aker					Own H	ome		
	17. FATHER'S NAME (First, N							18. MOT	THER'S NAM	ME (First, Midd	lle, Maiden St	ımame)		
BE (John Wiley									ıknown				
	19a. INFORMANT'S NAME (oute Number,				
5	John Willia)	4829	0rv	ille	Ave	., Ba	ltimo	re, M	ary1a	and 2	1205
	20e. METHOD OF DISPOSIT	ION on 3 □ Rei	moval from State		LACE OF DISPO	OSITION (A	ame of ce	metery, cre	matory or		20c. LOCA	TION - CI	ty or Town	, State
	4 Donation 5 Other	(Specify)										timon	e, M	laryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home													
	Schimunek Funeral Home 3331 Brehms Lane, Baltimore, N										ма	21212		
	23. PART i. Enter the d	Iseases Dr	complications the	et caused th	ne death. Do	not ente	r the m	ode of di	vina such	es cardiac	or manin	tory error	riu.	Approximate
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other signification					24a, WAS AN AUTOPSY PERFORMED? 24b		Ci	ERE AUTOPSY FINO MILABLE PRIOR TO OMPLETION DF CAU F DEATH? YES 2 NO					
Ž														
ICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		PLACE OF	DEATH (Che	ck only one)				
PHYS	1 YES 2 NO		1 inpatient 2				_		Residence	6 🗆 Other (S				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation		Day, Year)		M	1 [□ №	28d. DESCR	IBE HOW IN	JURY OCCU	RED	
1	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY i, etc. (Specify)	At home, farm	, atreet, fa	ctory, offi	ce		261. LOCATH City or 7	ON (Street an own, State)	d Number o	Rural Rou	te Number,
BE COMPLE	29e. CERTIFIER (Check only 2 MCC	EXAM	SICIAN. To the best of					death occ		time, date en			ceuse(s) e	
10	31. DATE FILED (Month, Day, SEP 2 71		32. REGISTR	AR'S SIGNATI	URE	oe, Print)			000		<u> </u>	-//	7	1170
	SEF 2/1	JJ4	This Dan	in-Ru	del									
			-											DHMH-16

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE	OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Sister Mary	Mechtilde Ku	mme1			Sept. 23,	1994	2:30 p M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Foreign untry)		
	164-48-5458		ryland							
Œ	9a. FACILITY NAME (If not inalitation, give so The Villa-Joint				R LOCATION OF DE	EATH	9c. COUNTY OF			
5	RESIDENCE OF DECEDENT	Telliement C	onvent	Kodger	s Forge		Balti	more County		
DIRECTOR	10a. STATE 10b. COUNT			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
۵		more County	Rodg	gers For				1 TES 2XXNO		
FUNERAL	100. STREET AND NUMBER 6806 Bellona	Avenue		101	21212		10g. CITIZEN O	F WHAT COUNTRY?		
NO.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE —									
BY F	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 1 NO Specify: Specify:									
		CATION	15. DECEDENTIS II	DOLLAR GOOGLERATIO		Tax with an area.		White		
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Flamester//Secondary (0.12) College (1.4 to 5.7)									
APL	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) To FATHER'S NAME (First, Middle, Last) 16. OECEDENT'S USUAL OCCUPATION (Give kind of dwork done during most of working life. Do NOT use refired.) Nun 16. MOTHER'S NAME (First, Middle, Maiden Surname)									
CO	17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
BE	William	Kumme			Theres			enig		
10	19a. INFORMANT'S NAME (Type/Print) Mission Helpers of	f Sacred Hea!	196. MAILING A	NOORESS (Street a	nd Number or Rural F Road, T	Route Number, City or Town	n, State, Zip Code)	21204		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	206	. PLACE AND DATE OF	DISPOSITION (Na	me of		CATION — City or			
	4 Donation S Other (Specify)	N	ew Cathed	ral Cem	etery	Sept Bal	timore,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	Me me man		22. NAME AN	D ADDRESS OF FA	Dulane	y Valle	y Home of		
107	Martin D. Da	eson .		Lemmon	n-Mitchel	ll-Wiedefe	ld, 10 T	W. Padonia Rd		
	23. PART I. Enter the diseases, or ehock, or heart fellure.	complications that caused List only one cause on e	the death. Do no	t entar the mo	da of dying, suci	h ee cerdlec or raepl	ratory errest,	Approximete Intervel Between		
	IMMEDIATE CAUSE (Final disease or condition	150.15						Onset end Death		
	resulting In death)	a. ASCYI	CONSEQUENCE OF	,						
_	_	Distant	o mal	/						
0	Sequantielly liat conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	1705						
ICA	cause. Entar UNDERLYING CAUSE (Diseese or Injury	с								
CERTIFICATION	that initiated eventa resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF)							
		d								
ÄL	PART ii. Other algnificant condition		ut not reauiting in	the undariying	cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	B. C.H.	<i>F</i>				1 TYES 2	□1NO	OF DEATH?		
×	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH V	ES NO			1 TYES 2 THO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	SOITIKIBOTE TO	CAUSE OF		ACE OF OEATH (Che					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA	OTHER:			malia	to Convert		
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	URY AT	28d. OESCRIBE HOW II		-0 GNUFOI		
BY	1 Natural 5 Pending 2 Accident Investigation	(MONN), Day, 16ar)	INJU		ES 2 NO					
	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, str sify)	reet, factory, office	1	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,		
	29a. CERTIFIER	CIAN. To the Australia								
COMPLETED		CIAN: To the best of my know R: On the bests of examination						e(a) and manner as stated		
E CC	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			ED (Month, Day, Year)		
00	/ m	1/. 1.			00713	_		26, 1994		
٩	30. NAME AND AGORESS OF PERSON WH									
	Richard D. Maffe	z2011, M.D.	660	J Kenilv	orth Dri	ive, Towson	n, Mary	land 21204		
	31. 3E PLEZ (MINIT) 34 Mer)	MANUEL HYBITOGO WOOD OF THE PARTY OF THE PAR	ATURE							

BALTIMORE, MARYLAND 21215-0020	te be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	isician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BA	ifter de	the fu
_	OUIS 3	in
	E	filled
OX 68760,	executed within	sician and completely
Õ	te be	Sicial

DIVISION OF VITAL RECORDS P.O.

OCC.	uted within mours after death. Page 6 may be retained by the hi	I completely filled in by the funeral director, page 5 should be detactively cremation, or removal.	ic event, the medical examiner must be notified at once
Division of VI At Accords, F.C. DON 65100,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF MA		O / DEPARTA				HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, M.		v Vina					2. DATE OF MONTH	DEATH DA		YEAR	TIME OF DEATH
Frances Be	7		AGE (In ve	. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	. 25,			5:20 a
214-20-5613 9a. FACILITY NAME (If not insti		1 - M 2 XF	77	YRS.	NTHS DAYS	HOURS MIN.	(Month, D March	lay, Year)	1917	Mary	land
	Manor Care Ruxton						un .		Balt		
	ob. COUNTY Balti				own on Locat	ION					d. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER	201.01			343.		. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
10e. STREET AND NUMBER 6325 N. Cha: 11. MARITAL STATUS						21212			U.S		
	11. MARITAL STATUS 1 \(\bigcap \) Never Married 2 \(\bigcap \) Married 3 \(\bigcap \) Widowed 4 \(\bigcap \) Divorced				If yes, sp	ENDENT OF HISPANI scify Cuban, Mexican 2 NO Specify:	, Puerto Rica		or No 1	No- 14. RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEE (Specify only It (Specify only It (Specify only It 12 Years 17. FATHER'S NAME (First, Middle)	DENT'S EDUCA	TION ompleted) College (1-4 or 5+)	164	Give kind of work	done during mo		16b. KI	ND OF BUS	SINESS/INDU	STRY	
12 years							1	Medic	al		
17. FATHER'S NAME (First, Mide							IE (First, Mide		Sumame)		
194 INFORMANT'S NAME (Ton	George Hammerbacher Cora G 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Furel F								n Stata Zin C	(ode)	
Ronald H. A		(son)				es St. Ba					
20a. METHOD OF DISPOSITION 1									State		
21. SIGNATURE OF JUNEAU.	your	Sque			Mitch	ell-Wiede York Rd.	efeld			21213)
23. PART I. Enter the diagency, pr hed immediate CAUSE (Fine disease or condition resulting in death)	ert fellure. Li	st Dnly one ceuse	A d	line.		Frok		c or reepi	ratory arre	et,	Approximate Interval Betwee Onset and Deal
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	conditione	contributing to de	eth but r	ot reaulting in	the underlyin	g ceuse given in i		4s. WAS AN PERFOR	AMED?	Al-	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			28, P	LACE OF DEATH (Che	ck only one)				
1 TYES 2 NO		1 Inpatient 2 E		nt 3 DOA 4	Nursing Hon	ne 5 🗆 Realdence					
I Column 3 1	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								W 1 1 2 2		
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rou City or Town, State)									r Rural Rou	te Number,
anal (-		AN: To the best of my									nd manner as stated.
29b. SIGNATURE AND TOTAL C	or CERTIFIED	ben				29c. LICENSE NUM	284	G			26-94
30. NAME AND ADDRESS OF A.H. Gilhad							- /	,	I		
31. DATE FILED (Month, Day, Ye	nar)	32. REGISTRAR'S									

SEPT TON JUNEAU SALE

BALTIMORE, MARYLAND 21215-0	ath certificate be executed with hours after death. Page 6 may be retained by the hospital or attending	
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P.O. BOX 68760.	certi	:
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DIVISION OF VITAL RECORDS

TENDING PHYSICIAN: The law

31. DATE SEP 2 7 1994

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Middle Leat) 2. DATE OF DEATH 3. TIME OF DEATH LARICHIUTA DORA FAYE 09 94 10:55 pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 03-23-1915 DAYS HOURS 233-34-5398 1 M 2 F 79 WEST VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH C. COUNTY OF DEATH Maryland Manor Nursing Center Anne Arundel DIRECTOR Glen Burnie Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 WES 2 XXIO permit. 100 STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 207 SIXTH AVENUE, S.E. 21061 U.S.A. burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 VES 2 NO IF YES, GIVE WAR OR DATES Wildowed 4 Divorced Specify: Specify: WHITE BY the 16a. DECEDENT'S USUAL OCCUPATION 22 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 150 Elementary/Secondary (0-12) College (1-4 or 5+) ō 9 NONE FLORAL DESIGNER FLORIST detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) LEWIS HOMER FITZWATER, SR. TALITHA F. DODRILL a 百 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21061 9 MISS HELEN L. FITZWATER 207 SIXTH AVENUE, S.E., GLEN BURNIE, be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 9/26/94 20c. LOCATION — City or Town, State must 1 Duriel 2 Cremetion 3 Removal from State director, 4 Donation 5 Bother (Specify ENTOMBMENTMEADOWRIDGE MEMORIAL PK ELKRIDGE, MARYLAND examiner 22. NAME AND ADDRESS OF FACILITSINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral GLEN BURNIE, MARYLAND 21061 removal. agn medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ahock, or heart fallura. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death and completely fille burial, cremation, the Chronic Obstructive Pulmonary Disease disease or condition event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Essential Hypertension traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate the attending physician Mental Hygiene prior to Multi-Infarct Dementia cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants reauiting in death) LAST 10 PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? Health a 1 TES 2 NO t. of Heal. 1 | YES 2 | NO PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER:
4 Dalursing Home 5 Residence 8 Other (Specify) 1 YES 2 X NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ ODA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this (1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) 95 8 Could not be determined COMPLETED 29a. CERTIFIER
(Check only)
1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. AND TITLE OF CENTIFIER HT OT Se fied IMPORT 29d. DATE SIGNED (Month, Day, Year) BE Juna Mi (Attending Physician) 09/23/94 2 MP 30. NAME AND ADDRESS OF PERSON WHO COM Harjit Singh, M.D. 5410—A Ritchie Highway Baltimore, Md. 21225

(410)636-1470

作用了UFI

BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
ľ	Margaret Hamilton LaCrosse Sept. 22,									1994 YEAR 2:49 D M				
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (in yrs. last birthday) IF UNDER			R 1 YEAR	IF UNDER	24 HRS.			_	IPLACE (State or Foreign	
	212-38-187	1 🗌 M 2 🖫 F	56	YRS.	MONTHS	DAYS		MIN.	(Month, Da Sept.	. Manel	ดรถ	Count	(y)	
	90. FACILITY NAME (If not in		21)0							٠, ٢	938 Maryland		
œ			,					N OR LOCATI	ON OF DE	ATH				
2	8230 Burnle	y Roac	1			Ba	alt:	imore				В	altii	nore
E	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOC	CATION						10d. INSIDE CITY
DIRECTOR	Maryland	Do1+	imore			altir								LIMITS?
	10e. STREET AND NUMBER	рат	THOLE	_	Da	атсп		101. ZIP COD						1 TYES 2 X NO
FUNERAL	The state of the s	D	1						_			_		WHAT COUNTRY?
빌	8230 Burnle	еу коас							204				S.A.	
교	1 Never Merried 2	Marriad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	XNO	13.	If yes,	ECENDENT C	OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACI Blac	E Americen Indian, k, White, etc.
B	3 Wildowed 4 Divo		IF YES, GIVE V	WAR OR DATES	11		1 🗌 YI	ES 2 X NO	Specify				Spec	"white
	40.000		1											willte
쁘	(Specify only	EDENT'S EDUC y highest grade	completed)	18e.	Give kind of	work done	during I	TION most of workir	ng	16b. KIN	ID OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5		fite. Do NOT us									
Ž	12 years				Homema	aker					n Hor			
ဗ ၂	17, FATHER'S NAME (First, M		_							ME (First, Middl		Surname)		
띪	Leroy Josep		llton					He.	len 1	M. Mur	ray			
2	19e. INFORMANT'S NAME (7									Poute Number, (,			
-	Thomas Robe				8230	Buri	nle	y Road	l Bai	ltimor	e, M	21:	204	
	20a, METHOD OF DISPOSITI	ION	mmi from State	20b. PLA	CE AND DATE	OF OISPOS	SITION	Name of		DATE	20c. LO	CATION -	Cify or To	own, State
i	4 Donation 5 Diger	(Specify)		New C	athedra	I Cen	nete	ry Sept	. 26,	1994	Balt	imore	, Mar	yland
	21. SIGNATURE OF HUNERA	L SERVICE CE	ENSEE L	Q		22. M	NAME	AND ADDRE	SS OF FA	CHLITY	т	_		
	Thomas Joseph Bozek					Mitchell-Wiedefeld Home Inc. 6500 York Rd. Baltimore, MD 21212								
-		_	alkala karaji da karaji na kata karaji karaji na mana karaji na mana karaji na mana karaji na mana karaji na m			0.	500	York	Ka.	Balti	nore.	, MD	212.	12
	23. PART I. Enter the disaasaa, or complications that causad tha death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Fir	nal		1 1		. 0		1						Onset and Death
	disease or condition	→	a. Ne	LOP 45	tic	We	m	neit	75					3 MARC
	disease or condition resulting in death) a. Neophstic Meningits DUE TO (OR AS A CONSEQUENCE OF):								3					
z	Sequentially list conditions, Pelvic Soft - tissue Sarcoma 3 MOS									3 MOC				
Ĕ	If sny, leading to imme-	diate	DUE TO	(OR AS A CON	SEQUENCE O	F):					,			
CERTIFICATION	CAUSE (Disesse or Injury													
	that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):								
	resulting in death) LAST													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
8				and and the	or resulting	iii tile di	inderiy.	ing cause i	given iii	Part 1. 24	PERFOR		240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1	YES 2	240		OF DEATH?
Σ	-									_				1 TYES 2 NO
PHYSICIAN: N														
<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHE	_	PLACE DF D	EATH (Ch	eck only one)				
Z	1 TES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA			ome 5 AR	sidence	8 Other (Sp	ecify)			
H	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM	E OF JURY		NJURY AT WORK?		28d. DESCRI	BE HOW I	JURY OC	CURED	
à l		Pending Investigation				М		YES 2	NO					
o II	a Colotel	Could not be	28a, PLACE C	F INJURY — At	home, ferm,	street, fec	tory, of	fice		28f. LOCATIO	N (Street a	nd Numbe	r or Rural I	Route Number,
	4 Homicida	determined		(0,000,00)						City or io	wn, State)			
	294. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowledge	dauth occurr	ed at the t	time de	tte end place	and due	to the course) and man		at a st	
COMPLETE														s) and menner es stated.
	29b. SIGNATURE AND TITLE			40	1/	2	n eter				photo, and			
H H	C (1	1	CIL	Hille	1. We	32	~M	29c. LICI	ENSE NUA			29d. DAT	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	MCM	TE 1100	2 m 6	200	217		<u> </u>	04	1620			7/3	-5 9
	Glenn Lesse	r M.D.	Johns H	opkins	Outpa	tier	nt (ncolo	ρν Γ	ept. 6	500 N	I. Wa	olf s	St. 21287
			D Babeser	RIC SIC VATUR	E				O/ ~	-P-5.				21.207
	SEP 2 7 1994	Java	SO TO SELECT SE	M. Colone	1									

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, t
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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) James **EDWARD** Lee 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 214-12-9458 1X M 2 F 73 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION MARYLAND n/a FUNERAL 10e. STREET AND NUMBER 600 Ε. BIDDLE STREET be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XXXX OF IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Merried В 3XX Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION Elementary/Sec 17/ a College (1-4 or 5 +) LABORER 17. FATHER'S NAME (First, Middle, Last) WYATT LEE BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 2 **JAMES EDWARD** LEE JR. 606 Раде 6 тау be pe 20a, METHOD OF DISPOSITION

1/A Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must ARBUTUS " "MEMORIAL 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner filled in by the funeral vion, or removal. are the medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock. or heart fellure. List only one ceuse on each line IMMEDIATE CAUSE (Finel in and completely fille to burial, cremation, Congestive Heart Failure disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): executed Ischemic Cardiomypathy traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate attending physician pe a prior ceuse. Enter UNDERLYING death certificate CAUSE (Disease or injury other ven signed by the attending phr of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 6 PART II. Other eignificent conditions contributing to death but not reculting in the underlying ceuse given in Part i. the MEDICAL Hepatic Failure, Chromic Renal Failure, any Respiration Failure, Asp. Pheumonia DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: certificate has been the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item HOSPITAL:
1 | Xinpatismt 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 TO OR ATTENDING PHYSICIAN: 27. MANNER OF DEATH 28e. DATE OF INJURY this c 28b. TIME OF marked, 1 Natural: DIRECTOR: After ti hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 69 COMPLETED 8 Could not be 28 4 Homicide 29e. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. FUNERAL within 72 h =

94 28285 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH Sept. 21,1994AR 4:05 P 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH MARYLAND APR. 13. 9c. COUNTY OF DEATH n/a 10d. INSIDE CITY
VIMITS?
1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: Specify: BLACK 16b. KIND OF BUSINESS/INDUSTRY n/a 18. MOTHER'S NAME (First, Middle, Maiden Surname) LEE Ε. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) #02 AVENUE, BALTIMORE, MD 20c. LOCATION - City or Town, State DATE ARBUTUS, MAR YLAND WM. C. MARCH FH.-1101 E. NORTH AVENUE Approximete interval Between Onset and Death about 3weeks

> 26. PLACE OF DEATH (Check only one) 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner ee stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

24s. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

MI	89222 ► Syt. 21, 1994 General Hospital			
TH (ITEM 27) (Type, Print)				
c/o Maryland	General	Hospital		

89222

28c. INJURY AT WORK?

1 YES 2 NO

SR.

HOURS

city

BALTIMORE

BALTIMORE

10f. ZIP CODE

COLLINGTON

22. NAME AND ADDRESS OF FACILITY

PARK

21202

MARY

9-28

Stella Thalhamer, M.D. 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA

That one

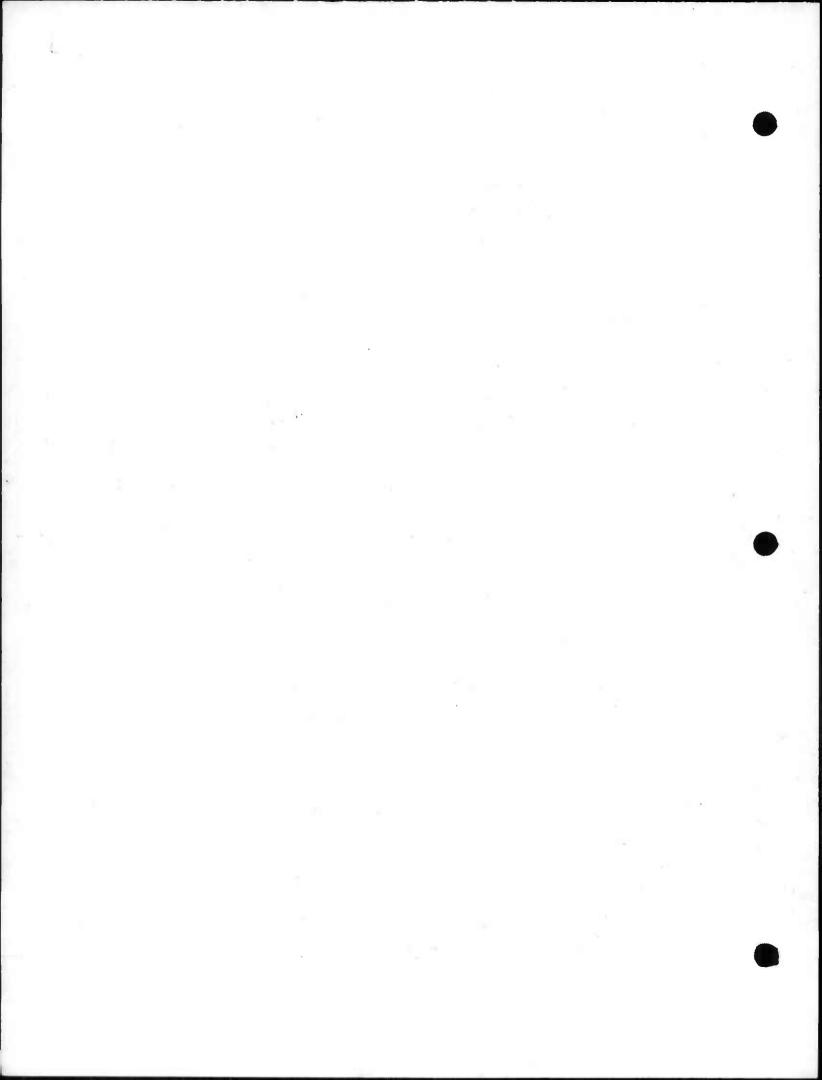
29b. SIGNATURE AND TITLE OF CERTIFIER

stilla

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MM



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BALTIMORE, MARYLAND 21215-0020	r attending
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MAR	death. Page 6 may be retained by the hosp
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BOX 68760	executed
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an above after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYL REGISTRAR		ENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E							
	1. DECEDENT'S NAME (First, Middle, Last)		01 02/1111	2. DATE OF DEATH		3. TIME OF DEATH						
	Ralph W. Lindsay			September								
		(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign						
	215-32-5003 1½ M 2 🗆 F 59	9 YRS.	THE DAYS HOURS MIN.	(Month, Day, Year) March 4,		aryland						
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH						
DIRECTOR	5527 Silverbell Road	I	Baltimore City		N/A							
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY						
듬	Maryland N/A	Balti	more City			LIMITS?						
	10+. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?						
FUNERAL	5527 Silverbell Road		21206		U.S.A	٨.						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian.						
ВУ Б	1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced FORCES? 1 YES		If yes, specify Cuban, Maxic 1 ☐ YES 2 ☑ NO Speci		S	leck, White, etc.						
		T			<u> </u>	nite						
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUS	SINESS/INDUSTR	′						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Grade	Machinist		7 5 6	Common	+						
MO	17. FATHER'S NAME (First, Middle, Last)	Pacifilis		A.S.C.		ttion						
	Ralph W. Lindsay		1	Weweran	Surname)							
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	ORESS (Street and Number or Rural		n. State. Zip Code							
유	Betty J. Lindsay		verbell Road,									
		b. PLACE AND DATE OF D	SPOSITION (Name of		CATION City of							
	4 Donation 5 Other (Specify)	oreland Me	morial Park	9/26 Balt	imore,	Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSISE		22. NAME AND ADDRESS OF FA	CILITY								
	· Kathleen m. mu	ysky	John C. Mille: 6415 Belair R	oad, Baltim	ore, Ma	ryland 21206						
	23. PART I. Enter the dieeeses, or complications the cause on a shock, or heart failure. List only one cause on a	the death. Do not	enter the mode of dying, su	ch es cardlec or reepi	ratory arrest,	Approximate						
	IMMEDIATE CAUSE (Fine)											
	disease or condition resulting in deeth) e. Lung Cancer with Brain METS DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
O	Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF):											
AT	If erry, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in deeth) LAST											
	PART II. Other significant conditions contributing to death to	hut ant seculting in th	an anadoshdon novo objecto	Deat las mass								
CAL	Act in other agrinount continues continuently to death i	out not resulting in ti	ie underlying ceuse given in	PERFOR	MED?	AMAILABLE PRIOR TO						
				1 YES 2	NO	OF DEATH?						
						1 TYES 2 NO						
Σ	OF THE COLOR PERSONS OF THE PARK											
AN: M	25. WAS CASE REFERRED TO MEDICAL		EXAMINER? HOSPITAL: OTHER:									
SICIAN: M	HOSPITAL;		HER:									
HYSICIAN: M	EVALUEDO	petlent 3 DOA 4 D	HER: Nursing Home 5 Residence	6 Other (Specify)	VILLEY OCCURED							
Y PHYSICIAN: MEDIC	EXAMMER?		HER: Nursing Home 5 Rasidenca		NJURY OCCURED							
À	EXAMMER? 1 YES 2 NO 1 Inpatient 2 ER/Out 1 Inpatient 2 ER/Out 1 Natural 5 Pending 1 Accident Investigation 3 Suicide 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	HER: Nursing Home 5 Rasidenca 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 2ed. DESCRIBE HOW II 28f. LOCATION (Street a								
À	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Out 27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	HER: Nursing Home 5 Rasidenca 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 2ed. DESCRIBE HOW II								
À	EXAMMER? 1 YES 2 NO 1 Inpattent 2 ER/Out 1 Inpattent 2 ER/Out 1 Natural 5 Pending Investigation 3 Suicide 4 Hombide 8 Could not be determined 29e. PLACE OF INJURY building, etc. (Spe	28b. TIME OF INJURY Y — At home, ferm, atree	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 _ YES 2 _ NO I, lactory, office	6 Other (Specify) 2ed. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State)	nd Number or Rui							
À	EXAMMER? 1 YES 2 NO 1 Inpattent 2 ER/Out 1 Inpattent 2 ER/Out 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 2 Homicide 2 Se. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY Y — At home, ferm, atree only)	HER: Nursing Home 5 Residence	6 Other (Specify) 2ed. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	nd Number or Rui	ni Route Number,						
COMPLETED BY	EXAMMER? 1 YES 2 NO 1 Inpatient 2 ER/Out 1 Inpatient 2 ER/Out 1 Natural 2 Accident 3 Suicide 4 Hombicide 8 Could not be determined 29a. Certifier (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my know one) MEDICAL EXAMINER: On the beat of examination	28b. TIME OF INJURY Y — At home, ferm, atree only)	HER: Nursing Home 5 Residence	6 Other (Specify) 2ed. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(a) and main time, data and place, end	nd Number or Run ner ea atated. d dua to the caus	al Route Number,						
BE COMPLETED BY	EXAMMER? 1 YES 2 NO 1 Inpatient 2 ER/Out 1 Inpatient 2 ER/Out 1 Natural 2 Accident 3 Suicide 4 Hombicide 8 Could not be determined 29a. Certifier (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my know one) MEDICAL EXAMINER: On the beat of examination	28b. TIME OF INJURY Y — At home, ferm, stree crity) viedge, death occurred at on end/or investigation, in	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO t, lactory, office the time, data and pieca, and du- my opinion, death occured at the	6 Other (Specify) 2ed. DESCRIBE HOW II 2ef. LOCATION (Street a City or Town, State) to the cause(a) and man tima, data and placa, en	nd Number or Run ner ea atated. d dua to the caus	ni Route Number,						
COMPLETED BY	EXAMINER? 1 YES 2 NO 1 Inpattent 2 ER/Out 1 Inpattent 2 ER/Out 27. MANNEB OF DEATH 28. DATE OF INJURY (Month, Day, Year) 29e. PLACE OF INJURY building, etc. (Spe determined 29e. CERTIFIER (Check only one) 1 MEDICAL EXAMINER: On the beals of examination 29b. SIGNATURE AND TULE OF CERTIFIER	28b. TIME OF INJURY Y — At home, ferm, stree viedge, death occurred at on end/or investigation, in L. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	THER: Nursing Home 5 Residence	6 Other (Specify) 2ed. DESCRIBE HOW II 2ef. LOCATION (Street a City or Town, State) to the cause(a) and man tima, data and placa, en	nd Number or Run ner ea atated. d dua to the caus	al Route Number,						
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Out 1 Inpatient 2 ER/Out 27. MANNEB OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY Duilding, etc. (Spe determined 28. PLACE OF INJURY Duilding, etc. (Spe determined 29. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the beat of my know One) 29. SIGNATURE AND TULE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	y — At home, ferm, atree city) Y — At home, ferm, atree city) viedge, death occurred at on end/or investigation, in LECTOR (Type, Print)	THER: Nursing Home 5 Residence	6 Other (Specify) 2ed. DESCRIBE HOW II 2ef. LOCATION (Street a City or Town, State) to the cause(a) and man tima, data and placa, en	nd Number or Run ner ea atated. d dua to the caus	al Route Number,						
BE COMPLETED BY	EXAMMER? 1 YES 2 NO 1 Inpattent 2 ER/Out 1 Inpattent 2 ER/Out 27. MANNEB OF DEATH 28. DATE OF INJURY (Month, Day, Year) 29e. PLACE OF INJURY (Month, Day, Year) 29e. PLACE OF INJURY building, etc. (Spe determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the beals of examination 29b. SIGNATURE AND TULE OF CERTIFIER A HELICAL A HELICAL A HOWAIT A HELICAL	y — At home, ferm, atree city) Y — At home, ferm, atree city) viedge, death occurred at on end/or investigation, in LECTOR (Type, Print)	THER: Nursing Home 5 Residence	6 Other (Specify) 2ed. DESCRIBE HOW II 2ef. LOCATION (Street a City or Town, State) to the cause(a) and man tima, data and placa, en	nd Number or Run ner ea atated. d dua to the caus	al Route Number,						

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BALTIMORE, MARYLAND 21215-0020	ING PHYSICIAN: The law requires that the death certificate be executed wirr	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	- 6

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTIFI	CALE OF	DEALL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Marvin	S. May	7			2. DATE OF DEATH Sept. 21.	"1 994 YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		WRTHPLACE (State or Foreign		
	225 09 9055	1300 M 2 □ F 78		ONTHS DAYS	HOURS MIN.	arch 2, 1	916 Vi	rginia		
R	90. FACILITY NAME (If not institution, give stree Franklin Woods		The state of the s		Marsh	EATH	9c. COUNTY	of DEATH 1timore		
CTOR	RESIDENCE OF DECEDENT									
DIREC	Md. Balt:	imore	10e. CITY,	Essex	TION			10d. INSIDE CITY LIMITS? 1 YES MAN NO		
ERAL	100. STREET AND NUMBER 170 Orville Ros	ad		101	21221		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNE	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 WAYES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	If yes, sp		NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
0	15. OECEDENT'S EDUCA	ITION	16e. DECEDENT'S U	SUAL OCCUPATION	ON	18b. KIND OF BUS				
PLETEI	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during mo retired.)	st of working		hinery			
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden				
	Henry E. May						erson			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	e)		
5	Amy J. May	Wife				ltimore, Ma				
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remov	200	. PLACE AND DATE OF	DISPOSITION (Na	ame of	DATE 20c. LO	CATION — City	or Town, State		
	4 Donation 5 Other (Specify)	Tel from Stata	melery, cremetory or oth	Memoria	al Garde	ns B	altimor	e Co., Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE		,	22. NAME A	ND ADDRESS OF FA	CILITY		· · · · · · · · · · · · · · · · · · ·		
	Bruzdzinski Funeral Home P.A. 1407 Eastern Ave. Baltimore, Md. 21221									
	23. PART I. Enter the diseases, or complications that placed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or haart fallure. L	et Dnly Dna ciliuse on a	ach lina.	rt entar the my	oa or dying, auc	il as cardiac or respi	ratory arrest,	Intarval Batw		
	IMMEDIATE CAUSE (Final disease or condition	Adenoca	20	e.	_	roll sto	e-	Onsat and D		
	resulting in death)		A CONSEQUENCE OF)		9	- CC 3.	-	141		
-	_	55E 10 (611 A5)	A CONSCOULNCE OF					,		
Ö	Sequantially list conditions, if sny, laading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:				- 		
CAT	cause, Entar UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)							
ERI	reaulting in death) LAST									
	PART II. Other significant conditions	contributing to death i	out not resulting in	the underlyin	g cause given in	Part I. 24s, WAS AN	AUTOPSV T	24b. WERE AUTOPSY FINDS		
EDICAL	Generalize		-C1050			PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUS		
EDI	0-11-11-11	0 041		- 00	—	1 _ YES 2	KNO	OF DEATH?		
								1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			00.00	ACE OF CENTURY					
SCI	EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch	1 -	u poti	* * 4/- · '		
PHYSICIAN: M	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 L DOA		iury at	Other (Specify) -		3/31		
	Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	PRK?	-va. Degunise now I	OCCUME			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	Y — At home, farm. st			281. LOCATION (Street a	and Number or P	ural Route Number		
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	cify)	,		City or Town, State)	Uranian ura			
COMPLET		AN: To the best of my know	viedga, death occurred	at the time, data	and place, and due	to the cause(a) and made	nner as stated.			
OM		On the basis of axamination						use(a) and manner as state		
ŭ	216 SIGNATURE AND TITUE OF CERTIFIER	,			29c. LICENSE NU			SNED (Month, Day, Year)		
411	worther !	review	und		1082	52	► 9-	27-94		
BE						-	/	. /		
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, I	Print)	' C (41	DA	1: 2173		
	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year) SEP 2 7 1994	COMPLETED CAUSE OF DE	mb i	Frankle	u Squ	are Herp.	Buf	l'inre 2/23		

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	
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	hospi	
A	the	
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MAR	retained	
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R	may	
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Σ	Page	
ALT	death.	
m	after	
	Nours	
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50,	with	

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	ROBERT	HUGH	M	ATTHEWS	Sept. 2	1, 1994	n/a m				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. 1	BIRTHPLACE (State or Foreign Country)				
	238-24-0477 A	1 X M 2 🗆 F	77 YRS.	ONTHS DAYS HOURS MIN.	Feb. 14,						
~	9e. FACILITY NAME (If not institution, give st	reet and number)		b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH				
DIRECTOR	Mercy Hospital			Baltimore		N/I	A				
<u> </u>	10e. STATE 10b. COUNTY	,	10c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY				
	MD	N/A	Bai	ltimore			LIMITS?				
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
BY FUNERAL	1906 Braddish Ave			21216		U.S.A	A				
E	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DECENOENT OF HISPA If yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No — 14.	RACE — American Indian, Black, While, etc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES Z	1 YES 2 X NO Specific			Specify: Black				
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUS	I SINESS/INOUST					
	(Specify only highest grade Elementery/Secondery (0-12)	Completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use	k done during most of working retired.)							
된	12th	N/A			Bethleh	em Stee	el				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden						
BE	William Matthews	5		Jannie							
2	19e. INFORMANT'S NAME (Type/Print)		I .	DDRESS (Street and Number or Rural			·				
	Mary Matthews			caddish Ave./Ba							
	20e. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	oval from State 20b	O. PLACE AND DATE OF PERFECTOR OF A PROPERTY.	DISPOSITION (Name of LE CITY CEMETE	OATE 20c. LO	CATION — City					
	21. SIGNATURE OF FUNERAL SERVICE LIC		CHERKIVIL	22. NAME AND ADDRESS OF FA		ERRIVI	LLE, N. CAROTHNA				
	► 1 1 F	11.00 0		MARCH FUNERAL	HOME EAST						
	2000.1	tolland		1101 E. NORTH	AVENUE/BA	LTIMORE	E, MD 21202				
	23. PART I. Emisr the disasses, or c shock, or heart failure. I	List only one cause on e	ach line.				Intarval Bstween				
	IMMEDIATE CAUSE (Final disease or condition	P	12-212-6	Loclax			Onsat and Death				
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	ONSEQUENCE OF):							
-		a. Premotherax Due to (OR AS A CONSEQUENCE OF): Attions, ediata YING Jury Due to (OR AS A CONSEQUENCE OF): Carpestive beaut failure Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequantially list conditions, If any, laading to immediata										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury c. Cargestive beaut failure.										
H	that initiated events DUE TO (ØR AS A CONSEQUENCE OF): resulting in dasth) LAST										
Ä	resolving in destiny CAST	J									
AL C	PART II. Other significant conditions	s contributing to death b	ut not reaulting in	the underlying causa givan in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS				
5		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?									
Ä					1 _ YES 2		1 YES 2 NO				
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES	☐ NO ☐ UNCERTAI	N 🗆						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Check only one) OTHER:										
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp	effect 3 DOA 4	☐ Nursing Home 5 ☐ Residence	8 🗆 Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (Y WORK?	28d. OEŞCRIBE HOW II	NJURY OCCURE	:0				
BY	2 Accident Investigation	28e. PLACE OF INJURY	- At home form stor	M 1 YES 2 NO	ORI LOCATION (Over-						
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	city)	et, rectory, drince	281. LOCATION (Street a City or Town, State)	ina Number or H	urai Houte Number,				
	29e. CERTIFIER		W								
COMPLET				at the time, date end piece, end due in my optnion, death occured at the							
	29b. SIGNATURE AND TITLE OF CERTIFIER		- It was a state of the state o				and the state of t				
BE	AND THE OF CENTIFIER	ALD		29c. LICENSE NUI	974	29d. DATE SIG	GNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type. Pr	int).	1/7	4/	46/76				
	5865 Robert	-Oliver	place,.	#121,00 lu	mbia.	MD 3	1045				
	31. 91E-10-2 (Modin, 1994) July	A REPORT AND SHARE	HORE								
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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

REGISTRAR		,	CERTIF	ICALE	: UF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	L.		MC	VAHO	N		2. DATE OF	ep 25	¹ 1994	YEAR	3. TIME OF DEATH 6:00 pm
4. SOCIAL SECURITY NUMBER 220-07-8386	5. SEX	6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTN (Morith, Day, Yea 2 2 5 1 1 2 2 5 1		Day, Year)	0	Countr					
9a. FACILITY NAME (If not institution, give st		74		9h CITY	TOWN	OR LOCATION OF D		<u>5-192</u>	_	MTY OF D	aryland
Saint Joseph Hospi RESIDENCE OF DECEDENT 10a. STATE Maryland 10b. COUNTY Maryland Balt 10c. STREET AND NUMBER 1325 Burleigh						son, Man				Baltin	
10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY
	imore				erv	ille					LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 1325 Burleigh	n Road					21093				S.A.	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2.F	ARMED		f yes, sp	ENDENT OF NISPA ecity Cubsn, Maxica 2 NO Specia	in, Puarto Ric		or No-	14. RACE Black Speci	- American Indien, c, Whita, atc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		DECEDENT'S	work done o	CUPATIO	ON est of working	16b. K	IND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +) [dminis		ive	Assista	nt Joł	ns H	opkir	ns lin	iversity
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA				10 01	2.010107
Joseph B. Sattl	er					Birdie			,		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	and Number or Rural			n. State 71	Corle)	
John P. McMahon,	Jr.						ITUITIUM,	July Ut 10W.	, stard, Alf.		
20a. METNOD OF DISPOSITION 1 ☐ Burlal 2 [文] Cremation 3 ☐ Ramo	cemetery	Same As #10 LACEAND DATE OF DISPOSITION (Name of eny, crematory or other place) DATE 20c. LOCATION — City or Tow									
4 Donation 5 Other (Specify) Hilltop Service Corp. 9-27-94 Towson, Maryland										yland 2120	
Ruck Towson Funeral Home, Inc.											
22 BART I Selective discourage with the discou											
shock, or heart feliure. List Dnly one cause on each line. IMMEDIATE CAUSE (Final Onset and Danth											
disease or condition resulting in death) a. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):										unknow	
Sequentially list conditions b. AORTIC STENOSIS										unknow	
if any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease Dr Injury C.											
that initiated events resulting in deeth) LAST d											
										WERE AUTOPSY FINDING	
							1	PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									,—,	1	1 TES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
25. WAS CASE REFERRED TO MEDICAL			ACE OF DEAT				1		-		
EXAMINER?	HOSPITAL:	ER/Outpetient	3 DOA	OTHER 4 Num		e 5 🗆 Residence	B C Other /	annih i			
27. MANNER OF DEATN	28a. DATE OF	INJURY	28b. TIM		28c. INJ		28d. DESCF		NJURY OC	CURED	
1 Natural 5 Pending Investigation	(Month, Da	ry, Year)	INJ	URY M	WO	RK? res 2 No					
2 TACCIdent Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At intc. (Specify)	home, farm, s	street, facto	ory, offic		28f. LOCATI Cify or	ON (Street a Town, State)	and Number	or Rural A	oute Number,
29a. CERTIFIER					- 141.						
(Check only 000) 2 MEDICAL EXAMINER											and manner as stated.
296, SIGNATURE AND TITLE OF CERTIFIED						29c. LICENSE NUI					(Month, Day, Year),
Millet	otel					D 13272			> 4	9-2	6-94
30. NAME AND ADDRESS OF PERSON WHO ROBERT STONER,	M.D. ST.	JOSEF	TEM 27) (Type,	Print)	TO	WSON, ME). 21204				
31. DASEP 2017 01994 Ju	32 DEGISTRA	S HONALUB	L							-	

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BALTIMORE, MARYLAND 21215-0020	within course after death. Done 6 may be retained by the beceuted or assurable and an initial
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TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF WTAL RECORDS, P.O.	
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TO THE RUNERAL DIRECTOR: Are this contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPRIATE! If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. The law requires that the death certificate be executed TO THE HOSPITAL OR ATTENING FINE BILD TO THE FUNERAL DIRECTOR: As this section of filed within 72 hours after continuous.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
CEDENT'S NAME (First Middle Leat)		T

REGISTRAR		CERTIF	ICATE (OF DEAT	TH	REG. N	0.			
1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF OEA	ГН
William J.	Miller		_			09/23/9		TEAR	4:30	Ам
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day Year)		8. BIRTH	IPLACE (State or Fo	oreign
210 14 3/04	1 📉 M 2 🗆 F	69 YRS.	MONTHS DA	N'S HOURS	MIN.	0673072	5		aryland	
9e. FACILITY NAME (If not Institution, give stre				WN OR LOCATION			9c. CO	UNTY OF D		
3902 Baltimore	Avenue		Bal	timore	Hig	h lan ds	Bal	timo	re	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y, TOWN OR L	OCATION					40.4 1910105 0170	
Maryland Balti	more				rh l a	nde			10d. INSIDE CITY	
Maryland Baltimore Baltimore Highlands to very log. crizen of what country? Maryland Baltimore Highlands 1 109. crizen of what country? 109. crizen of what country?										
3902 Baltimore Avenue 21227 U.S.A.										
	12. WAS DECEDENT EVER I	N U.S. ARMED	13 WAS			IIC OBIGIN2 (Specify)		T	E Amadaan ladi	
1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, atc.) Bleck, White, etc.									m,	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify: White										
15. OECEDENT'S EDUCA (Specify only highest grade of	ATION	16. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF B	USINESS/IN	DUSTRY	·	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	g most of workin	'Y	1				
8		Wiremar	1			Genera	l Ele	vato	2	
17. FATHER'S NAME (First, Middle, Last)				16. MOTH	IER'S NA	ME (First, Middle, Maide	n Surname)			
John Miller				Ma	ary 1	Rosenthal				
19. INFORMANT'S NAME (Type/Print)						Route Number, City or R				
Anna C. Miller		3902 E	Baltimo	ore Ave	enue	, Baltimo	re, M	D 21	1227	
28g: METHOD OF DISPOSITION 1 4 Buriet 2 Cremetion 3 Remove	val from State Cov	D. PLACE AND DATE C	F DISPOSITION	N (Nama of		DATE 20c. I	OCATION -			
4 Donetton 5 Dotter (Specify) Meadowridge Memorial Park 9/26 Dorsey, Maryland										
21. SIGNATURE OF FUNERAL SERVICE LIES	igier)	0		E AND ADDRES		ral Home,	Tna			
The stand		Sh.				Spring R				
23. PART i. Enter the diseases, or co	mplicationa thet cause	d the death. Do n	ot enter the	mode of dyl	ng, euc	h as cardiec or ree	piretory e	rreet.	Approxim	ete
shock, or heart failure. Li	at only one cause on e	each line.							interval B	
disease or condition	Cas	(1118W	10	OP 1	lun	'n			1,10	2
resulting in death) a.	DUE TO (OR AS)	A CONSEQUENCE OF	71	7 7	ur	9			190	n
•		Rodhu	aln	W .	106	Person			9114	2000
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	1: /	1 7	4	ung			auc	u
ceuse. Enter UNDERLYING CAUSE (Diseese or injury			U	U	6					
that initieted events	DUE TO OR AS A	CONSEQUENCE OF	k .							
resulting in death) LAST										
PART II. Other significent conditions	contributing to deeth t	out not resulting i	n the under	lvina ceuse a	iven in	Part I. 24n Was a	N AUTÓPSY	245	. WERE AUTOPSY FI	MOINGS
		•		,g		PERF	ORMED?	240	AVAILABLE PRIOR	TO
						1 YES	2 410		OF DEATH?	NO UL
DID TOBACCO USE CONTRI	BLITE TO CALISE C	SE DEATH VE	s III NO	T UNC	EDTA IA				1 YES 2 I	10
25. WAS CASE REFERRED TO MEDICAL	BOIL TO CAUSE C	26. PLACE OF DEAT			ERTAIN	<u> </u>				
	HOSPITAL:		OTHER:							\dashv
27. MANIJER OF DEATH	280. DATE OF INJURY	28b, TIME		INJURY AT	sidence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OF	CCUBED		
1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	WORK?	No	200. 0200.1102 11011	11100711 01	JOURIED		
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At home, ferm, a				26f. LOCATION (Stree	t and Numbi	er or Rural F	Route Number	
4 Homicide determined	building, etc. (Spec	cify)				City or Town, Stat			10010	
290. CERTIFIER										
	AN: To the best of my know									
	On the beele of examination	- victor investigation	i, in my opinic	m, death occur	ed at the	time, date end place,	and due to t	the ceuse(e) end menner es s	eted.
296. SIGNATURE AND TITLE OF CERTIFIER	. 0 1/	0 1		29c. LICE	NSE NUN	IBER	29d. DA	10-	(Month, Day, Year)	
20 NAME AND ADDRESS OF STREET	1 1- K	aum	lein	11)0	16:	307	1 7	123	194	
30. NAME AND ADDRESS OF PERSON WHO Rain S. Karipenin:		V		ad, Bal	timo	ore Highla	ands,	MD 2	21227	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								
SEP 2 7 1994	This Danies -1	furtace								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a Jours after death. Page 6 may be retained by the hospital or attending physician.
10 THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.3.3 km
be filed within 72 hours after death with the State Dept, of Heafth and Mental Hyglene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILED (Month, Day, Year)
SEY 2 / 1994

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATN DAY YEAR James G. Mack Sep. 26, 1994 Jr. 2:50 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 216-28-5939 62 1 🔀 M 2 🗌 F YRS June 20,1932 Maryland 9a. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 1009 S. Potomac Street Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 🔀 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1009 S. Potomac Street 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 1 NO Specify: 3 Widowed 4 Divorced Korean COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Cable Inspector 12 Western Electric Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James G. Mack Sr. Elsie Rasinska BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rita F. Mack 1009 S. Potomac Street, Balto. Md. 21224 20e. METNOD OF DISPOSITION

↑♥ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State St. Stanislaus Cemetery 9/29/94 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Staymond a Weber & Creat

George A. Weber & Sons Inc 22. NAME AND ADDRESS OF FACILITY George A. Weber & Sons Inc. Weber & Sons Inc. 705 S. Ann St. Balto. Md. 21231 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finei **Onset and Death** disease or condition Dr. resulting in death) CONSCOUENCE OF lun MEDICAL CERTIFICATION Sequentielly list conditions, O (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO OTHER: :00 am 5 Residence 6 Other (Specify) 4 - Nurs 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 Natural M t YES 2 NO B₹ 2 Accident 28s. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. Could not be determined 4 Nomicide 1 CERTIFYING PHYSICIAN: In the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER ed at the lime, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE 99 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

·Ali Sanai, 6730 Holabard Ave. Balto.

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	DIVISION	OF VI	TAL RI	DIVISION OF VITAL RECORDS, P.C	$\overline{}$
TO THE HOSPITAL	OR ATTENDING B	MODELLIN	The law red	TO THE HOSPITAL OR ATTEMBING PRACTION. The law requires that the death ce	8
TO THE FUNERAL	DIRECTOR: Mar 1	this certific	me has been	signed by the attendi	5
be filed within 72	hours after feath,	į	Ite Dept. of	be filed within 72 hours after feath from the latte Dept. of Health and Mental Hyg	5
IMPORTANT: If	them 28 is mark	ted for	em 23 sh	IWS any injury, or	-

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		21.	ERTIFI	CATE O	F DEATH	2. DATE O	REG. NO.		a	TIME OF OEATH
i	THOM	1AS	W.	MIX	On		MONTH	-20	3-90	YEAR	M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	-	7. DATE O	F BIRTH Day, Year)	1	. BIRTHPL Country)	ACE (State or Foreign
J.	252.22.3920	1 M 2 - F	7/	YRS.	MONTHS DAYS	HOURS MIN.		2-22			RGIA
TOR	90. FACILITY NAME (If not institution, give at CHESAPEAKE M.) RESIDENCE OF DECEDENT	year and	JRSING	номі		OLD	OEATH		2000	Y OF DEAT	H UNDEL
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND ANNE		EL	10c. CITY	, TOWN OR LOC	RNOLD					d. INSIDE CITY LIMITS? VES 2 1 NO
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	EN OF WHA	T COUNTRY?
ER	386 ALAMADA P	ARKWAY	7			21012				U.S	. A .
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	AF KES- CIVE V	TEYER IN U.S. A LAYES 2 MAR OR DATES KORE	NO	If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 2 NO Spec	can, Puerto Ri		or No- 1	4. RACE — Black, V Specify:	American Indien, thite, atc.
	15. DECEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BUS	I SINESS/INDU	STRY	HILLE
COMPLETED	(Specify only highest grade completed) (Give kind of ville. Do NOT us			rork done during e retired.) TENAN		1		ARUI MUNII		OLLEGE	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S F		ddle, Maiden	Surname)		
TO BE C	GEORGE	MIXON				ESSI					YNDY
	190. INFORMANT'S NAME (Type/Print) SARA C. MIX(O NT				t and Number or Rure					01010
	200. METHOD OF DISPOSITION	JIV	200 200			ADA PAR		_	CATION - C		
	X XBuriel 2 ☐ Cremation 3 ☐ Rem	oval from State	of cerneta	ry crematory	or other place)	TECARM	EL9-20	5 T. Z			
	**XXBuriel 2 Cremation 3 Removal from State of cornelary crematory or other place MT. CARMETO—26 LAKESHORE, MARYLA UNITED METH, CHURCH CEM. 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE										
	23. PART i. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										
	ebock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death										
	disease or condition resulting in deeth) **RESPIRATORY FAILURE **DUE TO (OR AS A CONSEQUENCE OF): CHRONIC LUNG DISEASE										
ATION	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING										
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
S	PART il. Other significant condition	e contributing to	deeth but no	t resulting i	in the underly	ing ceuse given	in Part i.	24a. WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
CIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
PHESICIA	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	QTHER:	ome 5 🗆 Residenc				1.6	
	27. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE O		28b. TIM	E OF 28c.	INJURY AT WORK?	-		INJURY OCC	URED	
N. T.	2 Decident 3 Suicide 4 Homicide 5 Could not be determined 6 Could not be determined 7 Suicide 8 Could not be determined 9 Suicide 9 Suicide 1 Could not be determined 1 YES 2 NO 1 YES 2 NO 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									or Rural Rou	ste Number,
TED BY MANYS	O Codid not be	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated.									
COMPLETED BY PANTS	4 Homicide determined 29e. CERTIFIER (Check only 1) CERTIFYING PHYS										nd manner as stated.

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 687

BALLIMORE, MARTLAND ZIZIS-0020	A hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, 7:0. BOX 98780,	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
	Ahmad Mustafa	à		****9'/25/9'	4 YEAR	1:00 p m	
	4. SOCIAL SECURITY NUMBER 5. SE	X 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign	
	2/2-44-8078 1 N 9s. FACILITY NAME (If not institution, give street and	M 2 F 48 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 6/21/46	MD	γ)	
œ		- W-C-	9b. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF D	EATH	
DIRECTOR	3516 Ellerslie Av	ve.	Baltimore				
350	10a. STATE 10b. COUNTY	10c. CIT	, TOWN OR LOCATION			10d, INSIDE CITY LIMITS?	
	MD		Baltimore			1 YES 2 NO	
AL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?	
FUNERAL	3516 Ellerslie	Ave	21218		USA		
F.		AS DECEDENT EVER IN U.S. ARMED DRCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica	NIC ORIGIN? (Specify Year	or No — 14. RACE	— American Indian, t, White, atc.	
ВУ	IF	YES, GIVE WAR OR DATES	1 YES 2 NO Specif		Spec	thu-	
	15. DECEDENT'S EDUCATION	Vietnam	<u> </u>	The second	B1a	ick	
COMPLETED	(Specify only highest grade complete	(Give kind of v	USUAL OCCUPATION rork done during most of working e retired)	16b. KIND OF BUSI	NESS/INDUSTRY		
PLE		nge (1-4 or 5+)					
MC	17. FATHER'S NAME (First, Middle, Lest)	Colls	ruction	ME (First, Middle, Malden S			
Ö	Phillip Joynes				layborne		
BE	19a, INFORMANT'S NAME (Type/Print)	19h MAILING	ADDRESS (Street and Number or Rural				
2	Frances Joyner		Ellerslie Av			21218	
	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (Name of		ATION — City or To		
	1 Burial 2 Cremation 3 Ramoval fro	om State cemetery, crematory or of		1			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- Ballison	22. NAME AND ADDRESS OF FA	CILITY		IIIIS,MD	
	1/	111	Albert P. Wy	ylie, F/H	PA		
-	220 ABT Enter the disease or a well	4	638 N. Gilmo	or St. B	alto		
	23 PART i. Enter the diseases, or complice shock, or heart fellure. List on	nly one cause on each line.	ot antar the mode of dying, auc	h as cardiac or respire	atory errest,	Approximate Intarvai Batween	
	IMMEDIATE CAUSE (Final disease or condition	0 6 1	1	1		Onaet and Daath	
	resulting in death) a	DUE TO (OR AS A PONSEQUENCE OF	ory Arke	8/			
		DUE TO (OR AS A BONSEOUENCE OF): •				
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF	monta				
AT	If any, leading to immediate cause. Entar UNDERLYING	AIDS	<i>r</i> -				
딢	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):				
F	resulting in death) LAST	HIV					
	DART II Other significant and difference						
MEDICAL	PART II. Other significant conditions control			Part I. 24a. WAS AN A PERFORM		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	PT. redusal	of Treat	in	1 TES 2	NO	DF DEATH?	
Σ	DID TORACCO LISE CONT	TRIBUTE TO CAUCE OF	DEATH VEC ET NO			1 YES 2 NO	
AN	DID TOBACCO USE CONT	IKIBUTE TO CAUSE OF		ABC			
PHYSICIAN:	EXAMINER? HOS	PITAL:	26. PLACE OF DEATH (Ch	eck only one)			
4₹		npetiant 2 ER/Outpetiant 3 DOA DOA 28b. TIM	4 Nursing Home 5 Realdenca E OF 28c, INJURY AT				
	Natural 5 Pending		WORK? M 1 YES 2 NO	26d. DESCRIBE HOW IN.	JURY OCCURED		
B	2 Accident Investigation 3 Suicide & Could get be	8a. PLACE OF INJURY — At home, farm, a		26f. LOCATION (Street an	d Number of Direct 6	Davida Alambara	
ED	4 Homicide 6 Could not be detarmined	building, etc. (Specify)	rever, motory, office	City or Town, State)	a Number or Hurst r	oute number,	
COMPLET	29a, CERTIFIER						
MP	(Check only	o the best of my knowledge, death occurre					
8		he basis of examination and/or investigation	n, in my opinion, death occured at the	time, data and place, and	dua 10 the cause(a) and manner as stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	2-0-0	29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Day, Year)	
	1107/	7.00			<u> </u>	1	
5 1	20 NAME AND ADDRESS OF STREET						
임	30. NAME AND ADDRESS OF PERSON WING COME			1 11	7		
5	Michael Galley	un, UMRS 22.	Frint) S. Green St.	Balt n	D		
TC	31. DATE FILED (Month, Day, Year)			Belt n	D		

9 A No. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	NOW	Me M	WILEN	2. DATE OF DEATH MONTH D	WY YEAR	3. TIME OF DEATH
		SEX 6. AGE (In yrs.		R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTH Count	NPLACE (State or Foreign ry)
~	9a. FACILITY NAME (If not institution, give street	t and number)	9b. CIT	Y, TOWN OR LOCATION OF		9c. COUNTY OF D	DEATH
Š.	PESWICK PESIDENCE OF DECEDENT		V.	SAIT.		Cit	-y
IRE	10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
40	Maryland 100. STREET AND NUMBER		Baltım	ore City		10g, CITIZEN OF	1 X YES 2 NO
VER/	700 W. 40th Street			21211		U.S.	Α.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Spec	can, Puerto Ricen, alc.)	a or No— 14, RACI Black Spec	E — American Indian, k, White, stc. #y: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working) 16b. KIND OF BUSINESS/INDUS							WILLE
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Clerk							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/II (Give kind of work done during m							
BE (B. McMu		Bessie		Fr	У
5	190. INFORMANT'S NAME (Type/Print) Keswick Home of Ma	1		s (Street and Number or Rure th Street B	. ,	. , . , ,	21211
	20a METNOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Removal	20b. PLAC	Oth Street Baltimore, Maryland 21211 OSITION (Name of DATE 20c. LOCATION — City or Town, State				
1 A Buriet 2 Cremetion 3 Removal from State cemetery, cremetory or other place) 4 Donation 5 Other (Specify) 1. Segnature of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY							Maryland
	John G. Reitz	1-00804)	3/	Mitchell-Wie 6500 York Ro	edefeld Hom 1.Baltimore	, Marylar	nd 21212
		pilications that caused the c t only one cause on each li	deeth. Do not ente ne.	r the mode of dying, su	ch as cerdiac or resp	iratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Riennoma					Onset and Death 244cus
z	DUE TO (OR AS A CONSEQUENCE OF):						
ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):				
ERI	resulting in deeth) LAST						
	PART ii, Other significent conditions of	ontributing to death but not		0.0	n Part I. 24a. WAS AN		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	kong-standy	ng suzwe	e dis	moler.	1 TYES 2	10	COMPLETION OF CAUSE OF DEATH?
N.	DID TOBACCO USE CONTRIB	LITE TO CAUSE OF DE	ATH YES	NO □ UNCERTA			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		ACE OF DEATH (Check	only one)			
14Si		Inpatient 2 ER/Outpatient 26e. DATE OF INJURY	3 DOA 4 Nu	R: rsing Home 5 Realdence 26c, INJURY AT			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
COMPLETED B	3 Suicide 8 Could not be determined	2 Accident 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					Route Number,
PLE	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, o	death occurred at the	time, date and pleca, and de	e to the cause(a) and mer	nner as steted.	
NO.		On the beats of examination and/o					i) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	a Anna	١٦	29c. LICENSE N	JMBER	29d. DATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO			12156	3 /	Legrela	Der 27, 1994
	7 BABELLE MACGA	REGOR, KESU	ICK, 700	W. 40 1/2	STREET, BI	HTITTORI	E, MD21211
	31. SEP 2 7 1994 Juli	diffesetten - Andre E	γØ				·

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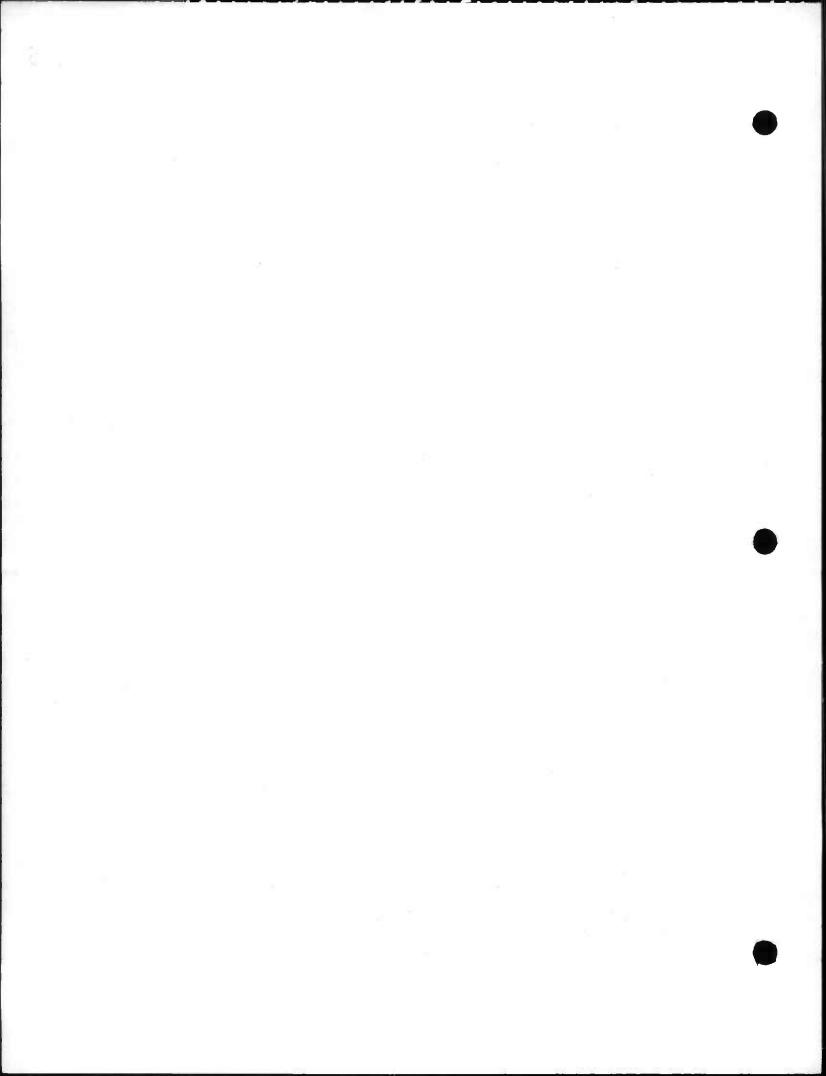
BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	tion,	IMPORTANTAL item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the med
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	*	Ē	Cre	76
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iospital or attending physician.	ched for use as the burtal-transit permit. Pages 1, 2, 3 should	ಕ
AN: The law requires that the death certificate be executed with a nours after death. Page 6 may be retained by the hospital	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to State Dent of Health and Mental Hynlene prior to burial cremation, or removal	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IDING PHYSIC	death with the	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	ÎN.		3. TIME OF DEATH
	Donneta	M. Nanc	e			MONTN 9 -	- 23-	94	11:25 A.M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	v	8. BIRTI	HPLACE (State or Foreign
		1 🗆 M 2 🐼 F		ONTHS DAYS	HOURS MIN.	Oct 13,		Count	arvland
	9a. FACILITY NAME (If not institution, give st	reet and number)	9		R LOCATION OF D			UNTY OF D	
DIRECTOR	University Hospit	al		Balti	D				
E I	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
5	Maryland		Ba1	timore					LIMITS?
A.	10e. STREET AND NUMBER		1 2002.	-	ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	4536 Pimlico Road				21215			USA	
<u>.</u>	11. MARITAL STATUS 1X Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES				NIC ORIGIN? (Specifing, Puerto Ricen, etc.		14. RACI Blac	E — American Indian, k, White, alc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif		~,	Spec	Hy: Black
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S US	SUAL OCCUPATION	N	16b. KIND O	F BUSINESS/IN	IDUSTRY	Diack
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	rk done during mos retired.)	st of working				
릴	n/a								
§	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me	siden Surname)		
	Donnell Nance				Veita	M. Bey			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a		Route Number, City of	r Town, State, Z	ip Code)	
2	Veita M. Bey/ Doni	nell Nance	4536 P	imlico i	Road	Baltimo	re Ma	rvla	nd 21215
	20a, METHOD OF DISPOSITION 1 Denial 2 Cremation 3 Ramo	200	. PLACE AND DATE OF	DISPOSITION (Na.			c. LOCATION -		
	1 LXBurial 2 Cremation 3 Ramo		netery, crematory or othe odlawn Cer	neterv		9/27 1	Raltim	ore.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		OGLAWII CCI	22. NAME AN	D ADDRESS OF FA	CILITY MILE+A	r Funo	ral i	Homes, Inc.
	· Kevin 1	arken		720T	Gwynns F mre, Mar	alls Par	ƙway 1216	203.	iones, inc.
	23. PART I. Entar tha diseasas, or c	omplications that cause	d the death. Do not					rrast,	Approximata
- 1	shock, or heart failure. I	List Dnly Dna cause Dn a	ach lina.						Interval Between Onset and Death
	disease or condition	Metabo	lie enc	onho	longt	h.			36 hours
	resulting in death)	DUE TO (OR AS /	CONSEQUENCE OF:	2/1/100	. O DOCT	19			20 1100013
-									į į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):	40 4 1 1					
8	cause. Entar UNDERLYING CAUSE (Disease or injury	2.							
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
	resulting in death) LAST	d							
	PART II. Other algorificant conditions	s contributing to death a	nit not reculting in	the underlying	anua ahun In	Don't late un			
DICAL	Acute renal fail		oct not resulting in	the underlying	causa givan in		S AN AUTOPSY RFORMED?	240	AVAILABLE PRIOR TO
			(011 1 6	I		1 _ YE	S 2 DATO		OF DEATH?
Σ	Status-post te	monogy of	rullof su	rgical	Ichan				1 - YES 2 NO
ÿ	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O			UNCERTAI	NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATN	(Check only one)					
Z	1 TYES 2 TNO	1 Hipatient 2 - ER/Outp			5 🗆 Rasidenca	8 C Other (Specify))		
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME C	OF 28c. /NJU	JRY AT RK?	28d. DESCRIBE N	OW INJURY O	CCURED	
R	2 Accident Investigation				ES 2 NO				
	3 Suicida 8 Could not be 4 Nomicide detarmined	28s. PLACE OF INJURY building, atc. (Spec	' — At home, farm, atre	et, factory, office	0	28f. LOCATION (St City or Town, S	reet and Numbe State)	er or Rural I	Route Number,
	29a. CERTIFIER	NAME OF REAL PROPERTY.							
N N		CIAN: To the best of my know R: On the beals of examination							a) and manner so stated
SOS CO	296. SIGNATURE AND TITUS OF CERTIFIER	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.							
O BE	alt E/C	Kues			D446	27	≥ 9d. DA	123	(Month, Day, Year)
=	30. NAME AND ADDRESS OF REASON WHO	COMPLETED CAUSE OF DE			11.00	72 0		ری	O. C. M
	31. PARE PREPARED AND MARCH	L 32. REGISTRAR'S SUEN		land t	105WITEL	. 225.	greent	5%	15alfmores 2
	SEP 2 7 1994	all Denies	and the same						2120)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deut, of Health and Mental Hyonen prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	CATI	E OF	DEATH		RI	EG. NO.				
	1. OECEDENT'S NAME (First,	Middle, Last)								ATE OF D	EATH DA		VE.10	3. TIME OF D	EATN
	Josephine	e Ped	uzzi Na	tale						ept.	21	1994	YEAR	2:40	D
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HI	s 7.0	ATE OF B	IRTH		8. BIRTH	PLACE (State o	r Foreign
	213-48-1450		1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS MI	N. (/	Worth, Day	76	1907	Country	y)	
	9a. FACILITY NAME (If not in	attation also a	Δ	07		01 0177	. =====================================		_	une	20,				
~	A 200 C					96. CIT	r, IOWN C	OR LOCATION O				9c. COUN			
ō	St. Joseph	Hospi	tal					Tow	son			Ba]	Ltim	ore	
5															
DIRECTOR	Maryland Baltimore Baltimore								10d. INSIDE C	HTY.					
														1 YES 2	X) NO
ĭ.	10e. STREET AND NUMBER						101	. ZIP CODE						WHAT COUNTRY	77
	609 Chumlei	gh Roa	ıd					21212				U.	S.A	•	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF HIS	SPANIC OF	RIGIN? (Sp	ecify Yes	or No-	14. RACE	— American I	ndlan,
	1 Never Married 2			MAR OR DATES	Žио		If yes, spen	2 X NO S	ixican, Pue pacify:	erto Rican	, atc.)		Specif	t, White, atc.	
ВУ	3 Widowed 4 Divo	rced						- <u>LL</u> ,	out,				Opoon	" whit	e
	15. DEC	EDENT'S EOU	CATION	18a.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KINI	OF BUS	SINESS/INDL	JSTRY		
╽┟╗╽	Elementary/Secondary (0	highest grade	College (1-4 or 5	4)	(Give kind of w life. Do NOT us	ork done retired.)	during mo	st of working							
7	12 years	,	00.000		omemak	er				0	wn F	Tome			
COMPL	17. FATHER'S NAME (First, M	iddle Last)	_		Jiii Ciii Cii			18. MOTHER'S	NAME /S						
_ 1	Anthony P							Lena			, marcent	warrarra)			
BE	ATTUTION P														
5	- CONTRACTOR CONTRACTOR CONTRACTOR		1 - /	,				nd Number or R							
	Mr. Louis A		le Jr. (son)	4 Bed.	tord	Dr.	West	Tren	ton	N.J.	0862	28		
	20a, METHOD OF DISPOSITE 1 XBuriel 2 Cremetic		ovel from State		EANDDATEO				Ī	DATE	20c. LO	CATION — C	aty or To	wn, Stata	
	4 ☐ Donation 5 ☐ Other			Lorra	ine Parl	c Cen	etery	Sept. 2	4, 19	94	Wood	llawn,	Mary	land	
	21. SIGNATURE OF HUNERA		71 6)				ell-Wi			7.7				
	Mon	- / "	such Doze	Ž	- \										
ш	Thomas			(MOO879	,			York R						12	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Fin		List Only One Cet	use on each n	ille.										end Deat
	diseese or condition	→	STROK	E										2 w	eeks
	resulting in death)		DUE TO	(OR AS A CONS	SEQUENCE OF):								1	
_		_				,-								ĺ	
RTIFICATION	Sequentielly list conditi		b. DUE TO	OR AS A CONS	REQUENCE OF).									
₩.	If sny, leading to imme- cause. Enter UNDERLYI			(**************************************		,.								i	
	CAUSE (Disesse or Inju		C. DUE TO	(OR AS A CONS	PEOUENCE OF									-	
Ē	that initiated events resulting in deeth) LAS		DOE 10	(OH AS A CON	SECULINCE OF):									
CER			d												
0,	PART II. Other significe	nt condition	s contributing to	deeth but no	t resulting i	n the ur	nderlying	cause olye	In Best	1 240	UM C AM	AUTOPSY	1 245	WERE AUTOPS	V FM/DM/00
DICAL	ATERIOSCL						nuorry my	g couse given		240	PERFOR		240.	AVAILABLE PRI	OR TO
ă	- ATEKTOSCI	EWOLIC	CARDIOV	ASCULA	Z DIOE	HOL				1 [YES 2	X NO		OF DEATN?	OF CAUSE
Ä														1 TYES 2	NO
	DID TOBACC	O USE	CONTRIBUT	E TO CA	USE OF	DEA	TH Y	res 🔲 :	NO [
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF DEATH	(Check on	ly one)					
S	1 YES 2 TYNO		HOSPITAL:	ER/Outpetient	3 DOA	OTHE!		e 5 🗆 Resider	nca . 8 🗆 1	Other (So	noifhri			-	
Ξ	27. MANNER OF DEATN		28a. DATE OF		28b. TIME		28c. INJ		_			NJURY OCC	UBED		
0	1 X Netural 5	Pending	(Month, E	Day, Year)	INJ	JRY M	WO	RK? YES 2 NO							
ВУ	E Pooldelit	Investigation	20- 54-005-0	TE IN HIEV	home to	100				Locaria	1.70-	- 4 1:			
		Could not be determined	building,	OF INJURY — At, atc. (Specify)	nome, rarm, s	treet, tac	tory, offic	•	281.	City or Tov	vn, State)	ind Number o	or Rural A	loute Number,	
	- Itominos	determined													
L	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	f my knowledge,	death occurre	d at the t	time, data	and place, end	dus to the	cause(s)	end man	ner sa state	d.		
S	anal.		R: On the beals of a) and manner s	a stated
8						,,					piace, e	0 000 to the		, 4110 111011101 0	e stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	11					29c. LICENSE	NUMBER			29d. DATE	SIGNED	(Month, Day, Ye	er)
5		ser	0					D233	19			P 9	1/2	444	
F	30. NAME AND ADDRESS O	PERSON WN	O COMPLETED CAU	SE OF DEATH (TEM 27) (Type,	Print)		4444	4-4				1		
	Nathan M. R	senhl	ım M D	7620 3	York D	4 T	Oute	m MD	ว 1 ว∩	/,					
	SEP2 7 19	Year)	1. 3 1 ESISTE	RES SIGN TUN	VIA N	Le I	UWSC	III)	<u> </u>	1					
	SED2.7.19	94 X	WAL AN HOUSE	M. a described											
	011 0 10														



1 - STATE REGISTRAR	STATE OF MARYLAND /	ERTIFICAT			MENTAL HYGIEN REG. NO.	E	9.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
ELIZABETH	PUMPHREY PURPHREY		_		SEPTEMBER	21,1994			
4. SOCIAL SECURITY NUMBER 209: 22-9380	5. SEX 8. AGE (In yrs. las	MONTHS	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)		
9a. FACILITY NAME (If not institution, give		YRS.	TOWAL OF	LOCATION OF DE		26			
THE JOHNS HOPK					AIH U	9c. COUNTY OF	DEATH		
RESIDENCE OF DECEDENT				E CITY					
10a. STATE 10b. COUNT	Itimore	10c. CITY, TOWN	OR LOCATION	ON			10d. INSIDE CITY LIMITS? 1 TYES 2 THO		
30/ Nitram	, Ct		101.	ZIP CODE	2١		S A.		
						CE American Indian,			
15, OECEDENT'S EDU	UCATION 16a. DE	CEDENT'S USUAL (OCCUPATION	1	16b, KIND OF BUS	SINESS/INDUSTRY	uasian,		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	ive kind of work done	e during most)	of working		,			
		Tronu	one	2a	Datte	more	Caty		
17. FATHER'S NAME (First, Ayddle, Last)	our			18. MOTHER'S N	ME (First, Middle, Maiden	Surname)			
19a. INFORMANT'S NAME (Type/Print)		5. MAILING ADDRES	121		Route Number, City or Tow		3,271		
29s. METHOD OF DISPOSITION	20h PLACE	AND DATE OF DISPO		vers	ODATE 20c. LO	CATION — City or	Town State		
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	cameday, cut	emistory or other place	1	Com	722 90 B	attenu	netety		
21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE	22	. NAME AND	ADDRESS OF FA	CILITY	^	. (
Janes X	Lesowetki	3	desar	ouse ?	14 2520	5 Dead	£ 21224		
23. FART I. Enter the diseases, of shock, or heart fellows	complications that ceueed the de	eth. Do not ente	er he plod	a of dylng, suc	h as cerdiac or respi	ratory arreet,	Approximete		
IMMEDIATE CAUSE (Finel									
disease or condition resulting in death)	a. HCUTE KU		illun	e			5 days		
	\$ 205/5	GUENCE OF):					3 days		
Sequentielly list conditions, if any, laeding to immediate	DUE TO OF AS A CONSEC		1.	/ 1			1 4		
CAUSE (Disease or Injury	a House V	ympha	ym	leeken	1/4		<i>imoriths</i>		
thet initiated events resulting in death) LAST	DOE TO (OH AS A CONSEL	GOENCE OF):	•						
	d,								
PART II. Other algnificent condition	ns contributing to death but not r	resulting in the u	inderlying	cause givan in	Part I. 24a, WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					1 YES 2	2 46	OF DEATH?		
DID TOBACCO USE	CONTRIBUTE TO CAU	JSE OF DE	ATH Y	ES NO	5 pl		1 TYES 2 CANO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Che					
1 - YES 2 NO	HOSPITAL: 1 Vinpatient 2 ER/Outpatient 3	DOA 4 Nu		5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1 Return 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	K?	28d. DESCRIBE HOW I	NJURY OCCURED			
2 Accident Investigation	28e PLACE OF INJURY At he	M M		S 2 NO	net I control o		17		
3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	mie, term, street, le	ctory, office		281, LOCATION (Street a City or Town, State)	ind Number or Hura	I Moute Number,		
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my knowledge, de	eath occurred at the	time, date a	and place, end due	to the cause(a) and mer	ner ea stated.			
one) 2 MEDICAL EXAMIN	ER: On the beals of exemination and/or						e(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	P. 110			29c. LICENSE NUM	IBER	29d. DATE SIGN	ED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETE CAUSE OF DEATH (ITE	M 27) /Non Drint!		D445	727	- 09	21144		
J. Douglas	RIZZO MD 1	(1) (1) (1) (1) (1) (1) (1) (1) (1)	Wall	C <+	Beltimo	MI	78616		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		0//	C 00.	Balling	1	0.001		
SEP 2 7 1994	Fried in a								

burs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

EN BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE CO

TO BE COMPLETED BY FUNERAL DIRECTOR

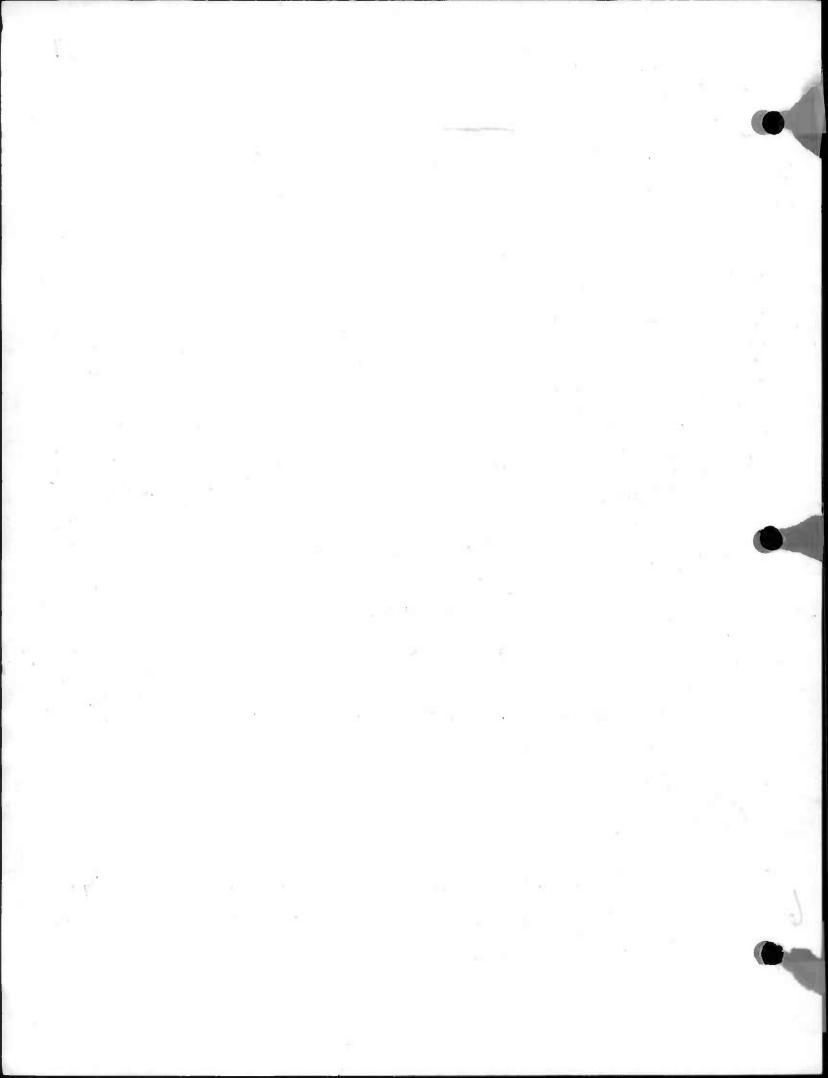
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 THE HUNERA.

TO THE HUNERA.

THE HUNERA HARD After this certificate has been signed by the attending physician and competes the med withing hours and death with the State Dept. of Health and Mental Hygiene prior to burial, cremming the hunerance of the properties of

DHMH-16 Rev 1/89



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	HOSPITAL DR	THE FUNERAL	within 72	PORTANT: If Item
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BE COMPLETED BY

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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / Ce		RTMENT				MENT	AL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last									E OF DEATH			3. TII	ME OF DE	ATH O
	JOA	N Pou	-ACK						MON	5	23	94	14	6:42	_ M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		8. BIRTI	IPLACE	(State or I	Foreign
	072-26-8501	1 🗆 M 2 🕏 F	59	YRS.	WONTHS	DATS	HOUNS	mere.	Jan	. 26,1		Nev	Y	ork	
_	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN C	PR LOCATI		EATH			NTY OF D			
<u>6</u>	Saint Joseph Hospital						Tows	son			1	Balti	Lmo	ce	
ည် မ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CIT	ry, town (OR LOCAT	ION	-					10d.	INSIDE CIT	Υ
DIRECTOR	Maryland Ba	Baltimore				Bal	timor	ce			LIMITS? 1 ☐ YES 2 🔀 NO			No	
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF		OUNTRY?	
ER/	9023 Deviation Road					21236 U.S.A.									
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO				13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Inc. Black, White, atc.				dlen,					
BY	1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced			•0		1 Wes 2 No Specify: Specify: Whi									
		I CATION	100 00	CEDENTI	l llouis o	OCUBATU	201		1.	AL VINO OF B		DUGTON	WIL.	rte	
H	(Specify only highest grade completed) (Give kind a life Do NO				work done use retired.)	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY									
COMPLETED	Elamantary/Secondary (0-12) Collega (1-4 or 5+) N/A Homem.			aker					Owi	n Home	e				
Σ O	17. FATHER'S NAME (First, Middle, Last)	-		=:			18. MOT	HER'S NA	ME (Firs	t, Middle, Maide	en Surname)				
BEC	Anthony Vendi	tti					Ca	arol:	ine	A1ba	ance				
TO B	19a. INFORMANT'S NAME (Type/Print)		19							ımber, City or Ti					
F	Neil Pollack	(husband)		9023	3 Dev	/iat:	ion l	Road	, Ba	ltimo	ce, M	D 212	236		
	20a. METHOD OF DISPOSITION 1 Burlel 2 D Cremation 3 Re	20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 20c. LOCATION — City or Town, State													
	4 Oonation 5 Other (Specify)		Int Crematory 122. NAME AND ADDRESS OF FACILITY				Baltimore, Maryland			nd					
	21. SIGNATURE OF FUNERAL BENVICE	TENSEE .								al Home	es, In	Inc.			
00	Min -	Jans								Balt			21	236	
	23. PART I. Enter the diseases, of ehock, or heart failur	complications the	t coused the de	eth. Do	not enter	the mo	de of dy	ing, suc	h ae c	ardiec or ree	piratory e	rreat,		Approxim	mate Between
	IMMEDIATE CAUSE (Finel			ň.			- \			2-	-				nd Death
	diseese or condition reaulting in death)	a	Arule	E 7	0 1	NEH	W -	FROM	1	"ALDIO"	rully	INAR	X		
		OUE TO	(OR AS A CONSE	BY A	7155	SU	RAF	PX					١		
O	Sequentielly list conditione,	b	(OR AS A CONSE	DUENCE (OFI:	-		7					\rightarrow		
ATI	If eny, leeding to immediate cause. Enter UNDERLYING		DEIM	ORG	NAC	Y,	AP TE	RY	BX	PASS S	MARY	PY	į	66	2.
FE	CAUSE (Disease or Injury that Initiated events	c. OUE TO	(OR AS A CONSE	DUENCE (OF):	1	71		2 1	11 01	2	1		7	<u> </u>
CERTIFICATION	resulting in death) LAST	a. (3/8)	NATEY	OK.	(EC)	DI	SEH	SP_	W) HER	19 A	TTP	K	- 20	t Ms.
	PART II. Other significant conditi	one contributing to	deeth but not i	resulting	In the u	nderlyin	g ceuse	given in	Part I.	24a. WAS /	AN AUTOPSY	241	a. WERE	AUTOPSY	FINDINGS
MEDICAL								PERF	ORMED?		COMP	ABLE PRIO			
CE										1 1 123	1			YES 2	CNO
	*										/		- ⊔	/-	4.5
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? COTMED: COTMED: 28. PLACE OF DEATH (Check only one)														
EXAMINER? 1 YES 2 NO EXAMINER? 1 YES 2 NO EXAMINER: 1 YES 2 NO OTHER: 1 YES 2 NO 1 Nursing Home 5 Residence 8 Other (Specify)								ther (Specify)							

28c, INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 284. DESCRIBE HOW INJURY OCCURED 1 Natural
Accident 5 Pending Investigation 28a. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

29d. DATE SIGNED (Month, 29b. SIGNATURE AND TITLE CONCERNIE

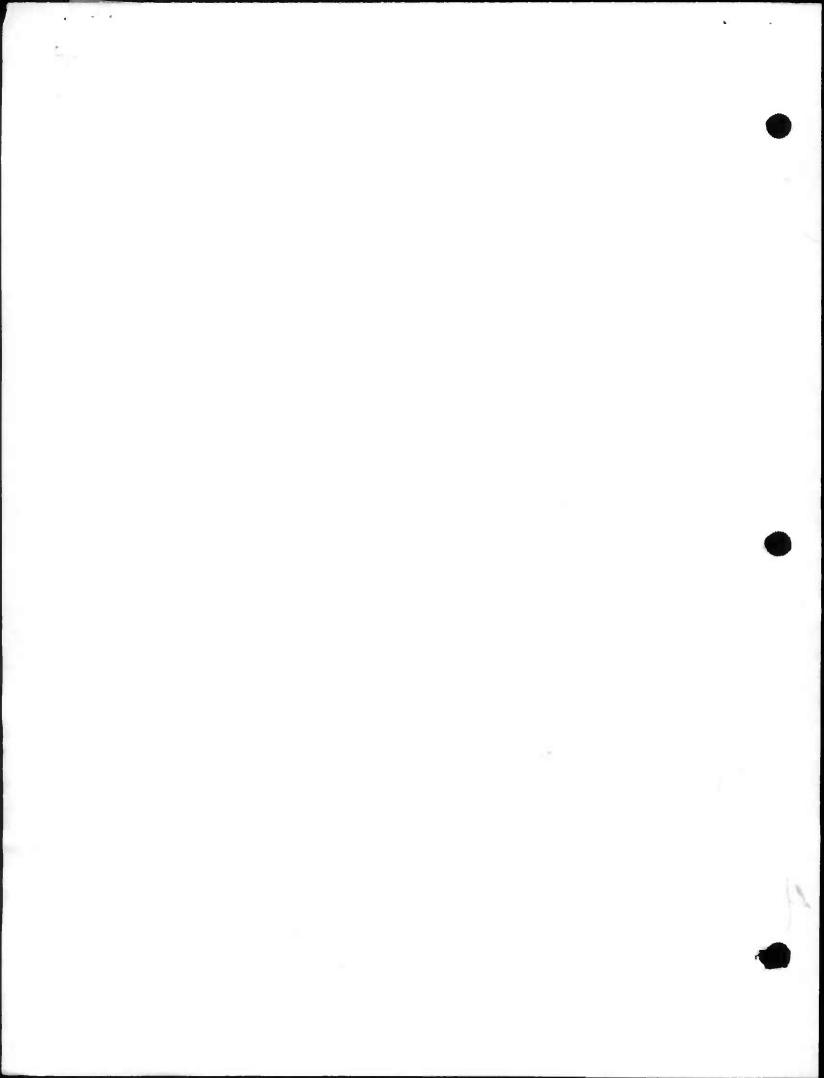
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Purre

SEP 2 7 1994 32. REGISTRAR'S SIGNATURE

27. MANNER OF DEATH

TOWSIN

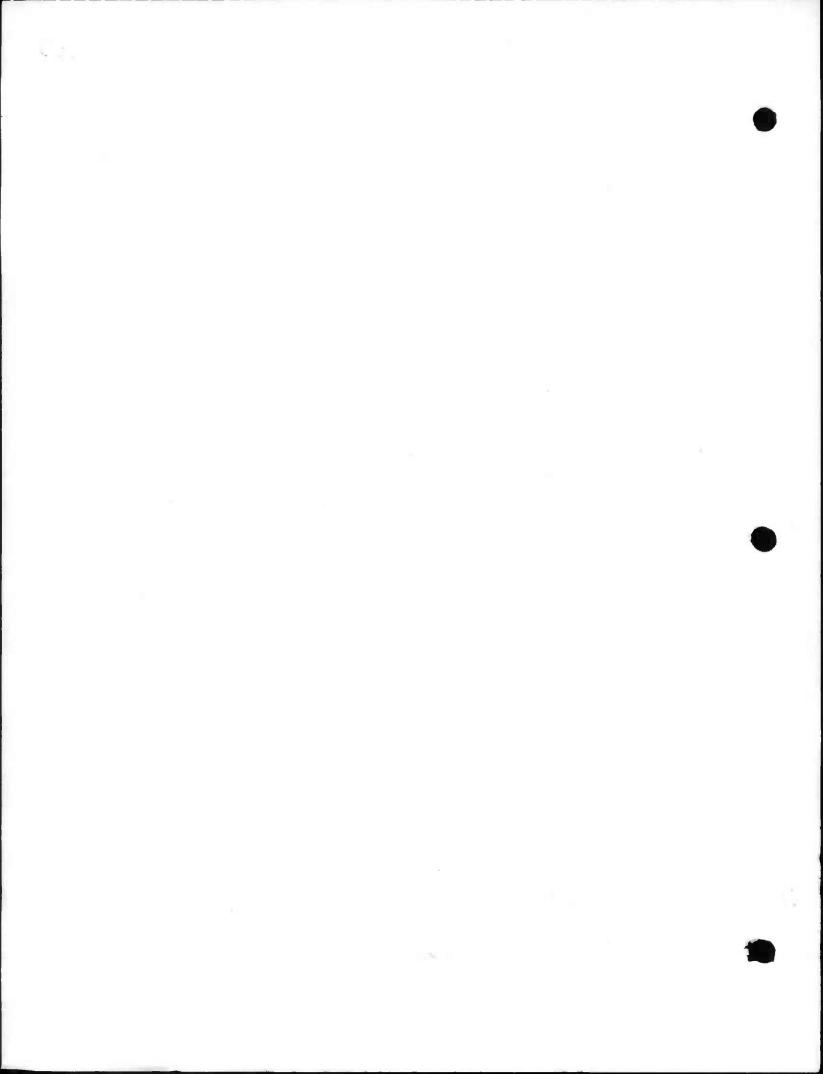


		physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should
215-0020	attending physician.	se as the burial-transit pe
BALTIMORE, MARYLAND 21215-0020	ficate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	should be detached for u
ALTIMORE, N	death. Page 6 may be ru	e funeral director, page 5
ļ	within ours after	physician and completely filled in by the
BOX 68760	ficate be executed	physician and con

DIVISION OF VITAL RECORDS, P.O. BOX

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	THENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hos	WENDER: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach integrated the State Dent of Health and Mental Hydiene prior to burial cremation, or removal	A 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Margaret Po	pler				Sept. 22	, 1994	4:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	_	PLACE (State or Foreign
	212-18-4057	1 DM 2 X F 9		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 2, 189	Countr	y)
	9e. FACILITY NAME (If not institution, give si			h CITY TOWAY	R LOCATION OF DEA			land
œ						AIH	9c. COUNTY OF D	
읽	Meridian - Heritage Nursing Ctr. Dundalk Baltimon RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland 106. CITY, TOWN OR LOCATION Baltimore							more
<u> </u>								10d, INSIDE CITY
5	Maryland Baltimore ,x							LIMITS?
	10e. STREET AND NUMBER	-		101	ZIP CODE		10g. CITIZEN OF V	
FUNERAL	2113 E. Moyer	St.			21231		U.S.A	
3	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	U.S. ARMED	13, WAS OEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yee		- American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES	2 XNO		cify Cuben, Mexicen,	, Puerto Ricen, atc.)	Black	c, White, etc.
B	3 X Widowed 4 Divorced			1 1 123	2 gg NO Specify.		Speci	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DECEDENT'S US			16b. KIND OF BUS		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during mo: etired.)	st of working			
를	N/A	N/A	Homema	ker		Own	Home	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden S	Surname)	
BE	John Masyjews	ki			Marga	aret (surn	ame unkn	own)
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a	nd Number or Rural Ro	oute Number, City or Town,	, State, Zip Code)	
임	Dorothy Stadler	(daughter)	9104	Bowline	Road, Ba	altimore,	MD 2123	6
	20a, METHOD OF DISPOSITION 1 Suriel 2 Cremellon 3 Remo	20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c. LOC	ATION — City or To	wn, State
	4 Donalion 5 Other (Specify)	S S	etery, crematory or other t. Stanis	laus Ce	m.	9/24 Bal	timore.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FACI	LITY		
	1/1/1/5	/				eral Homes	-	
\dashv	23. PART I. Enter the diseeses, or c	complications that caused	the death Do not			d., Baltim		
	shock, or heert fellure. I	List only ona cause on as	ich lina.					Approximate interval Between
ı	iMMEDIATE CAUSE (Finel disease or condition	MUA	100 A	201	INFAT	~ (710 N		Onset and Death
	resulting in death)		CONSEQUENCE OF):	1740		-//0.0		
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RTIFICATION	Sequentially list conditione,	b	CONSEQUENCE OF:					
¥	if any, leading to immediate cause. Entar UNDERLYING	The C	CUL					
Ĕ	CAUSE (Diseese or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
	resulting in deeth) LAST	4						
S	DARK II On all III							+
<u> </u>	PART II. Other algnificent conditions	e contributing to deeth bu	ut not reeuiting in t	the underlying	ceuse given in P	art I. 24s. WAS AN A PERFORM		WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
ă						1 YES 2		COMPLETION OF CAUSE DF DEATH?
≝						_		1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	F DEATH YES		UNCERTAIN			
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH	(Check only one)				
Z	1 YES 2 NO	1 - Inpatient 2 - ER/Outpu			5 🗆 Residence 8	Other (Specify)		
₹	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y 28c, INJI	PRY AT	28d, OEŞCRIBE HOW IN	JURY OCCURED	
à l	2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre ify)	el, factory, office		281. LOCATION (Street en City or Town, State)	d Number or Rural R	loute Number,
COMPLETED								
ፈ ∥	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred a	at the time, date	end place, end due to	o the cause(s) end menn	er ee stated.	
5	one) 2 MEOICAL EXAMINE	R: On the besis of examination	end/or investigation, i	in my opinion, de	ath occured at the ti	me, date end place, end	due to the cause(s	end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	111 7	7.3	T	29c. LICENSE NUMB	BER	29d. DATE SIGNED	(Month, Day, Year)
# 		tthe he	uge		1230	1-30	· 9->	6-54
2 ∦	30. NAME AND ADDRESS OF PERSON WHO							- 1
	Dr. Ashok Chatt	erjee, 3927 <i>l</i>	Annapolis	Rd., B	altimore,	, MD 2122	7	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			151		
	SEP 2 7 1994	Acioniu- P						- 1
	1	7						



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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	5 chould he
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DIVISION OF VITAL RECORDS, P.O. BOX	TAL OR ATTENDING MISICIALS	ML DIRECTOR AND MIN BEN'D	If them 28 is maked, or it
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Let MARGARET	T'S NAME (First, Middle, Last)				2. DATE OF DEATH	1994 ^{EAR}	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 213-74-4350	1 🗆 M 2 💢 F	87 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 04–10–19	907 °M	6. BIRTHPLACE (State or Foreign Coupling) RYLAND		
9a. FACILITY NAME (If not institution, given the property of t				R LOCATION OF DE		ANNE	ARUNDEL		
10e. STATE 10b. COU	NNE ARUNDEL		TOWN OR LOCAT	BRILLS		To a	10d. INSIDE CITY LIMITS? 1 YES \$\(\)\(\)\(\)\(\)\(\)		
P.O. BOX 13			10f	ZIP CODE 210	54		WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ZNO		city Cuban, Maxica	IIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No — 14. RAC Blac Spec	CE — American Indian, ck, White, atc.		
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) 12		16a. DECEDENT'S US (Give kind of wor life. Do NOT use I HOMEMA	rk done during mo: retired.)		16b. KIND OF BUS		23.1		
17. FATHER'S NAME (First, Middle, Last) HARRY	CLAI	RKE		16. MOTHER'S NA	ME (First, Middle, Maiden S IE	Surname)	unknown		
19a. INFORMANT'S NAME (Type/Print) CAROLYN N. D	AVIS		DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROBINS CREEK RD, PRESTON, MD. 21655						
21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, a shock, pr heart failured in the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	tha death. Do not sech lina. 1 S CONSEQUENCE OF): CONSEQUENCE OF):	GLEN	BURNIE	, MARYLA	ND 2106	Approximate interval Between Onset and Deat		
PART II. Other significant condit	IA		28. PL	COUSE GIVEN IN	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
1 VES 2 MO 1 Inpetient 2 ER/Outpetient 3 DOA 1 Mursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determiped determiped 4 Homicide Carbon Specifical Residence 6 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28c. PLACE OF INJURY AT NORK? 28c. PLACE OF INJURY AT NORK? 28c. PLACE OF INJURY AT NORK? 28c. PLACE OF INJURY AT NORK? 28c. PLACE OF INJURY AT NORK? 28c. PLACE OF INJURY AT NORK? 28c. INJURY 28c. INJURY AT NORK? 28c. INJURY 28c. INJURY AT NORK? 28c. INJURY 28c. INJURY AT NORK? 28c. INJURY 28c. INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 3 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 5 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK? 28c. INJURY 4 CONTROL OF INJURY AT NORK?							Route Number,		
	YSICIAN: To the best of my know! INER: On the basis of examination				time, data end place, and	due to the cause	(a) and manner as stated. D (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON S SUMA 31. DATE FIRED (MONTH, Day, 1841) 32. DATE FIRED (MONTH, Day, 1841)	WHO COMPLETED CAUSE OF DE. UNDRA 25 J 32. REGISTRAR'S SIGN.	ATURE	1 10	D 21	776 BACTI	№ 9/2 More	3/9 cm Mp 2122		

BALTIMORE, MARYLAND 21215-0020	be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	ician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not no hard transition or semantian
OX 68760,	withi	npiete
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9 X	exec	n and
0	be	icial

DIVISION OF VITAL RECORDS, P.O. BC

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 1.50 Delle	C. P.	evot	S		2. DATE OF DEATH DAY	927	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220 58 8006D 9a. FACILITY NAME (If not institution, give a	1 □ M 2 🖫 F 9	O YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEJ	7. DATE OF BIRTH (Month, Day, Year) 2-26-1904 ATH	Countr	nesota		
DIRECTOR	Wilson How RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	th Care		Gai	thersk		4/1	Montgomery 10d. INSIDE CITY		
		ury Methodi	ty Gai	thers		100	. CITIZEN OF V	LIMITS? 1 YES 2 NO WHAT COUNTRY?		
FUNERAL	301 Russell Av 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	208 ENDENT OF HISPANI solfy Cuban, Maxican 2 NO Specify:	IC ORIGIN? (Specify Yes or N n, Puarto Rican, atc.)	USA o- 14. RACE Black Speci	— American Indian, c, White, atc.		
COMPLETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)		N O 18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	BUAL OCCUPATION And American Market M	DN .	16b. KIND OF BUSINES		White		
MPL	1.2	College (1-4 or 5+)				Homemake	r			
	17. FATHER'S NAME (First, Middle, Last)	0 1				AE (First, Middle, Maiden Sume		1		
8	George Edward 19a. INFORMANT'S NAME (Type/Print)	Creelman	19b. MAILING AI	DDRESS (Street)		ine Jane				
2	James Will							0833		
	James Will 2001 Goldmine Rd, Brookeville, MD 20833 20a. METHOD OF DISPOSITION 1 □ Burlai 2 □ Cremation 3 □ Removal from State 4 © Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronald	Wade, Dir		W.Balti	State imoreSt,Ba		omy Board 021201		
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a	the death. Do not ich line.	low	de of dying, such	se cardiec or respirator	ry arrest,	Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL CE	PART II. Other alignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b.									
	11900	17000					100	1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ACE OF DEATH (Che	ck only one)						
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMEA	OF 28c, IN.	URY AT PRINCE 1 PRINC	8 Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCUREO	Very East		
	3 Suicide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of summination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE	29s. SHONATURE AND TITLE OF CERTIFIE	nhu			DZ OS	16 25c	DATE SIGNED	Moretty Day, Years		
	30. NAME AND ADDRESS OF PERSON WE G 4/0 31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	orgel	an /	UB	elhard Y.	2	0874		
	9 SEP 2 7 1994	The Muster	Carlett :							

Lackers Prescha 9 ra 94 rays

92.3. A.A. S.

1994

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

1 TYES 2 NO

WHITE

SOLOMAN

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 TYES 2 NO

OF DEATH?

29d. OATE SIGNEO (Month, Day,

COMPLETION OF CAUSE

interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

MARYLAND

ANNE ARUNDEL

14. RACE — American Indian, Black, White, atc.

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

REG. NO.

26-

2. DATE OF DEATH

7. DATE OF BIRTH

08-15-1917

MONTH 09-

BALTIMORE, MARYLAND 21215-0020	e executed with ours after death. Page 6 may be retained by the hospital or attending physician
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60,	with
X 68760,	executed
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FUNERAL WITHOUT 72 HCSPITAL.

TO THE MOSPIN TO THE FUNETA De filed within 7 IMPORTANT: 1

BE

29b. SIGNATURE AND TITLE OF CERTIFIER

SEP 2 7 1994

R.A ORD. no. University

10

MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DDS

Marylan

32. REGISTRAR'S SIGNATURE i Danie

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ELIZABETH

4. SOCIAL SECURITY NUMBER

215-09-3167

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 453 MANOR ROAD ARNOLD DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ANNE ARUNDEL GLEN BURNIE permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 211 HOLLYWOOD COURT burlal-transit 21061 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 UYES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, etc.) 1 ☐ YES 2 NO Specify: BY 3 X Widowed 4 Divorced the 38 ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use SEWING MACHINE
OPERATOR ntary/Seco ų condary (0-12) NONE COMPL CANVAS BUSINESS detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MENLON YEALDHALL at CHARLOTTE BE notified 19a. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zip Code) 2 LARRY RINKER 453 MANOR ROAD, ARNOLD, MARYLAND 21012 3 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 💢 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director, 4 Donation 6 Donation HILLTOP SERVICE CORP. RVICE CORP. TOWSON, MARYLAND
22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 21. SIGNATURE OF FUNGRAY examiner SERVICE LICENSEE funeral (1 SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061 the medical the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 23 PART I Enter heert feilure. List pnly one ceuse on each line. ö IMMEDIATE CAUSE (F cremation, the th disease or contillion and completely for burial, cremation 140 Cardia resulting in death) -arc event, DUE TO (OR AS A CONSEQUENCE OF): Myocarde traumatic NO Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): 2 attending physician a if sny, leading to immediate cause. Enter UNDERLYING CERTIFICATI BO death certificate by oronom CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST VITAL RECORDS, P.O. 0 signed by the atte PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any nce 1 TYES 2 NO Shows Dept. PHYSICIAN: Ä 23 25. WAS CASE REFERRED TO MEDICAL Æ 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 KResidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY DIVISION 2 Accident 26a. PLACE OF INJURY — At home, tarm, street, factory, offica building, atc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) ATTEND 8 Could not be DIRECTOR. COMPLETED 28 4 Homicide

29s. CERTIFIER

(Chack only

CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and manner as stated.

FRCS

Medica

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

5

YEALDHALL

5. SEX

1 M 2 X X

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

IF UNDER 1 YEAR IF UNDER 24 HRS.

RINKER

6. AGE (In yrs. lest birthday)

77

DHMH-16 Rev 1/89

1201

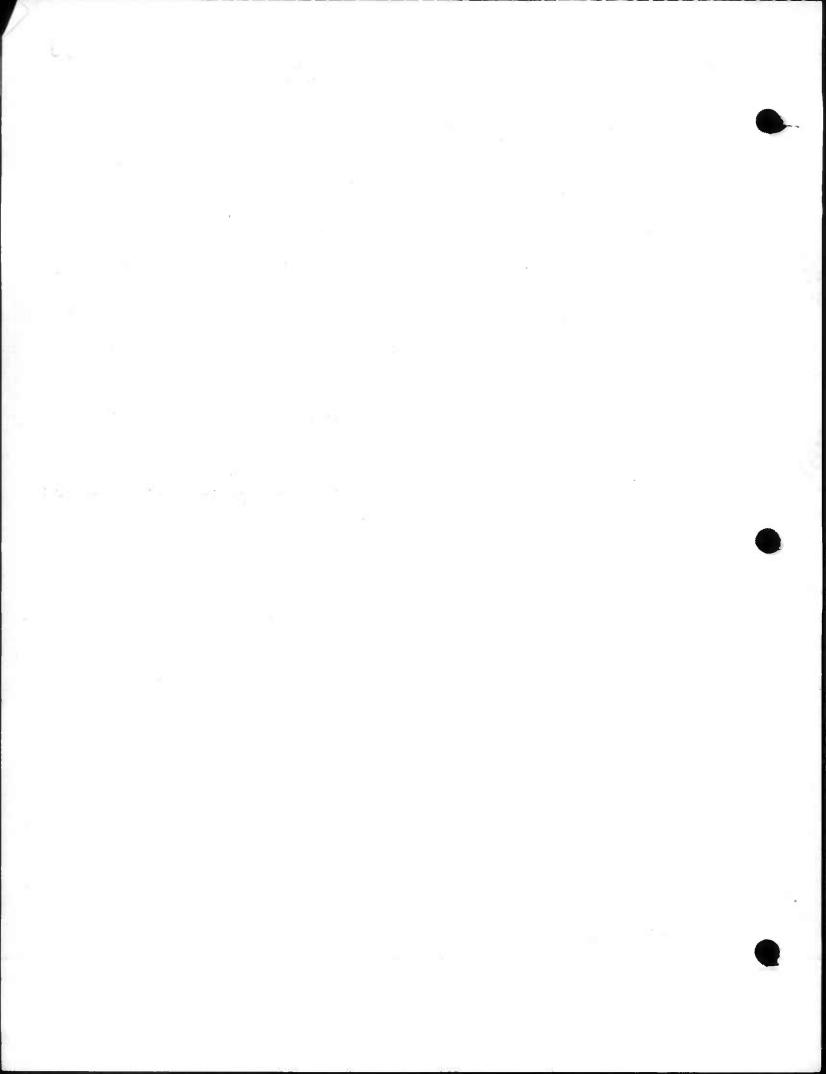
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cernation, or removal.

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1.50	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		YEAR	3. TIME OF DEA	тн
3	LEROY		ROBERTS			SEPTEMBER 23, 1993 6:0					
	050 00 0.50		(In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF	10, 1	031	Country)		oreign
	9a. FACILITY NAME (If not institution, give street	4.4	33	9b. CITY, TOWN (OR LOCATION OF DI		10, 1	9c. COUNT		ginia ATH	
OR	THE JOHNS HOPKI	INS HOSPITAL	.]		MORE CITY				I/A		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION	*			1	10d. INSIDE CIT	<u> </u>
	MD N/	A		Baltim				LIMITS?			
	10e. STREET AND NUMBER			101	f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2227 Orleans St				21231			U.S.			
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPAI	n, Puerto Rici	Specify Yea an, atc.)	or No— 1	Black,	 American Indi White, atc. 	lan,
Э ВУ	3 Widowed 4 Divorced		NES .	1 159	2 NO Specif	y:			Specify.	Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S I (Give kind of w life. Do NOT usa	work done during mo		16b. KI	IND OF BUS	INESS/INDU	STRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	N/A				N,	/A			
SOM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mide	dle, Maiden	Sumame)			
BE (N/A				N/A						
2	19m, INFORMANT'S NAME (Type/Print) WILLIE HUSSEY				/Street/						
	20a, METHOD OF DISPOSITION	20b	. PLACE AND DATE O	OF DISPOSITION (Na	ame of	OATE	_	CATION — CH		n Stata	
	1 CyBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata cam	netery, cramatory or oth oshell Me	emorial	Gardens	9-26		dalk,		ii, otala	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE		22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME EAST							
	> Terently	ma	Milmy		E. NORTH				RE, I	MD 2120)2
	23. PART i. Enter the diseeses, or con ahock, or heert feliure. Lie	mplications that ceused lat only one cause on e	the deeth. Do n							Approxim	ete
	IMMEDIATE CAUSE (Final Onset and Death										
	resulting in deeth)	a. OUE TO (OR AS A CONSEQUENCE OF):								7 m ==	, 163
z		Branchial abstruction									
OTT.	If any, leading to immediate										
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	Esoph	ageal	Cane	91			-	
CERTIFICATION	reaulting in death) LAST				-					į	
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
ICAL					J Canada Brillian		PERFOR	MED?	6	WAILABLE PRIOR	TO
MEDIC							L TEG .	∐ N∪		F DEATH?	NO
Z	DID TOBACCO USE CONTRI] UNCERTAII	N Z					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:							
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. OATE OF INJURY	28b. TIME	E OF 28c. INJ				JURY OCCU	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Qay, Year)	INJU	URY WO	YES 2 NO			100111 222	n Lo		
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Speci	— At home, term, si	treat, factory, office	•		ON (Street a Town, State)	nd Number or	Rural Roc	ute Number,	
ETE										<u>-</u>	
COMPLETED	(Check only	AN: To the best of my knowle On the basis of examination									77.
LIII.	29b. SIGNATURE AND TITLE OF CEATER	On the same of the	MINOU HIVESTIGHTON	1, in my opinion, a	29c. LICENSE NUM		d place, en				
B	n/1/1	in, MD			M 6316			296. DATE 3	23	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	Johns	Hapkins	Print) Hosp. ta)	Tower	110 ,	Balt	, MO			
Ì	31 AND SILED (Month Day 1947)	DECISTRAR'S SIGNA	ATURE								\dashv
- 1	1001	of Dandon-Rand	all.								- 1



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	14.	Kapl	ey Ur.	Sept 23	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 219 46 5008 9a. FACILITY NAME (If not institution, give	1 X M 2 🗆 F 🕹	YRS. MO	UNDER 1 VEAR F UNDER 24 HRS NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	a. BIRTHPLACE (State or Foreign Countil as h., DC					
Washington PRESIDENCE OF DECEDENT	Adventist 1	Hosp	Takoma +	1 10	ontannery					
	ont.	Sil			10d. INSIDE CITY LIMITS? 1 YES 2 ND					
100. STREET AND NUMBER 3 mldhwst 11. MARITAL STATUS 1X Never Meerled 2 Marylad	PJ . 12. WAS DECEDENT EVER I	MILE ADMEN	20910	U	SA					
3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuban, Max 1 YES 2 NO Spe		14. RACE — American Indian, Black, white, atc. Specify:					
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 1 2 + 17. FATHER'S NAME (First, Middle, Last)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Food&Drug Federal Gov't									
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Malden Surname)						
william B. Ra	apley			es Failing						
Mrs Frances Ra	nlev			al Route Number, City or Town, State, Zip						
20a, METHOD OF DISPOSITION	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									
21. SIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY State Anatomy 655W. Baltimore St, Balto, MD21									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		Presente						
resulting in death) LAST	d									
PART II. Other algoriticent condition	onditions contributing to death but not recuiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 TES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			26. PLACE OF DEATN	Check only one)						
1 X ES 2 NO	HOSPITAL:		THER: Nursing Home 5 - Residence	e 6 □ Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
	26a. PLACE OF INJUR building, atc. (Spe	et, factory, offica	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
anal				us to the cause(s) and menner as stat he time, data and place, and dus to th						
296. SIGNATURE AND TITLE OF CERTIFIE	San	Qu_	29c. LICENSE N	BS46 PS	E SIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON W	auber		m) 8218 4	sisconsin	land about se					
SEP 2 7 1994	22. REGISTRAR'S SIGN	Reveall								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Tours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
	ŀ	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH		3. TIME OF DEATH	
			GOLDIE	SPRIGGS			SEPTEMBER 23	, 1994 YEAR	n/a M	
		4. SOCIAL SECURITY NUMBER 217–34–7683		(Month Day Yard)						
	H.	98. FACILITY NAME (If not institution, give st BAYVIEW-f.s.k.			9b. CITY, TOWN OF BALTIMO	RE CITY	ATH	9c. COUNTY OF	DEATH	
H	5	RESIDENCE OF DECEDENT						L		
- 1	DIRECTOR	MARYLAND 106. COUNTY	n/a	10c. CITY,	BALTIMO	10d. INSIDE CITY VY LIMITS? 1 YES 2 NO				
	FUNERAL	100. STREET AND NUMBER 2213 ODELL AVE	INUE		10f.	21237	10g. CITIZEN OF UNITED ST	WHAT COUNTRY? TATES		
	BY FUN	11. MARITAL STATUS 1 XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECE	Ify Cuban, Maxican	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	or No — 14. RAC Blac Spe	CE — American Indian, ck, Whita, etc.	
1	3	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATION	C	18b. KIND OF BUS	INESS/INDUSTRY		
	COMPLEI	Elementary/Secondary (0-12) 8 th	College (1-4 or 5+)	iffe. Do NOT use	rk done during most retired.)	of working	n/a			
ouce	5	17. FATHER'S NAME (First, Middle, Last)	200			18. MOTHER'S NAM	IE (First, Middle, Maiden	Surname)		
led at	۳ ۳	WALTER B. SPRIG	102	19b MAILING A	DDRESS /Street en		ELIZABETH H			
e noti	2	ANTHIONE BARNES		2213 00	DELL AVEN	JE, BALTIM	ORE, MARYLAN	D 21237		
must		20s. METHOD OF DISPOSITION 1 M Surfal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cappa North PARK OP - 28 RANDALLSTOWN, MARYLAND								
17. FATHER'S NAME (First, Middle, Last) WALTER B. SPRIGGS 18. MOTHER'S NAME (First NAME (RTH AVENU	JE,BALTO.,MD	
event, the medical		23. PART i. Enter the disesses, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	Condiss	each ilne.	Arus	+		ratory arrest,	Approximate Interval Between Onset and Death	
or other traumatic	EHILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cardiaus Date (Cardiaus Date) Cardiaus Date (Cardiaus Date) Cardiaus Date (Cardiaus Date) Cardiaus Date (Cardiaus Date) Cardiaus Date (Cardiaus Date) DUE TO (OR AS A CONSEQUENCE OF):								
튀.	<u>.</u>	PART il. Other significant condition	s contributing to death I	out not resulting in	the underlying	cause given in P	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
any injury,	5	COTO			,	3	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
8 2	5						1 YES 2	NO	OF DEATH?	
Shows	Σ								1 TYES 2 NO	
3	ž									
ced, or item 23 SI	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLA	CE OF DEATH (Chec	ck only one)			
5 5	2	1 TYES 2 NO	1 - Inpatient 2 ER/Out	petient 3 DOA 4	I ☐ Nursing Homa	5 Residence 6	Other (Specify)			
marked,		27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WOR	RY AT K? S 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED		
28 is		3 Suicida S Could not be datarmined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, str cify)	est, factory, office	!	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
MPORTANT: If item 28 is	OMPLE		CIAN: To the best of my know R: On the bests of examination						(a) and manner as stated.	
POR 19		296. SIGNATURE AND THE OF CERTIFIER	Enter My			DO444		29d. DATE SIGNE	D (Month, Day, Year)	
≥ 5		30. NAME AND ADDRESS OF PERSON WHO			BAY LU	=W	BAL 70. 1	40 8	21254	
5 13		SEP2 7 1994 Ju	34 FEGITRAR PEGA							

Life Walter Townson

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FOR STATE REGISTRAR

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by	UNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be
NITA.	8
OSF	3
-	pur 'i

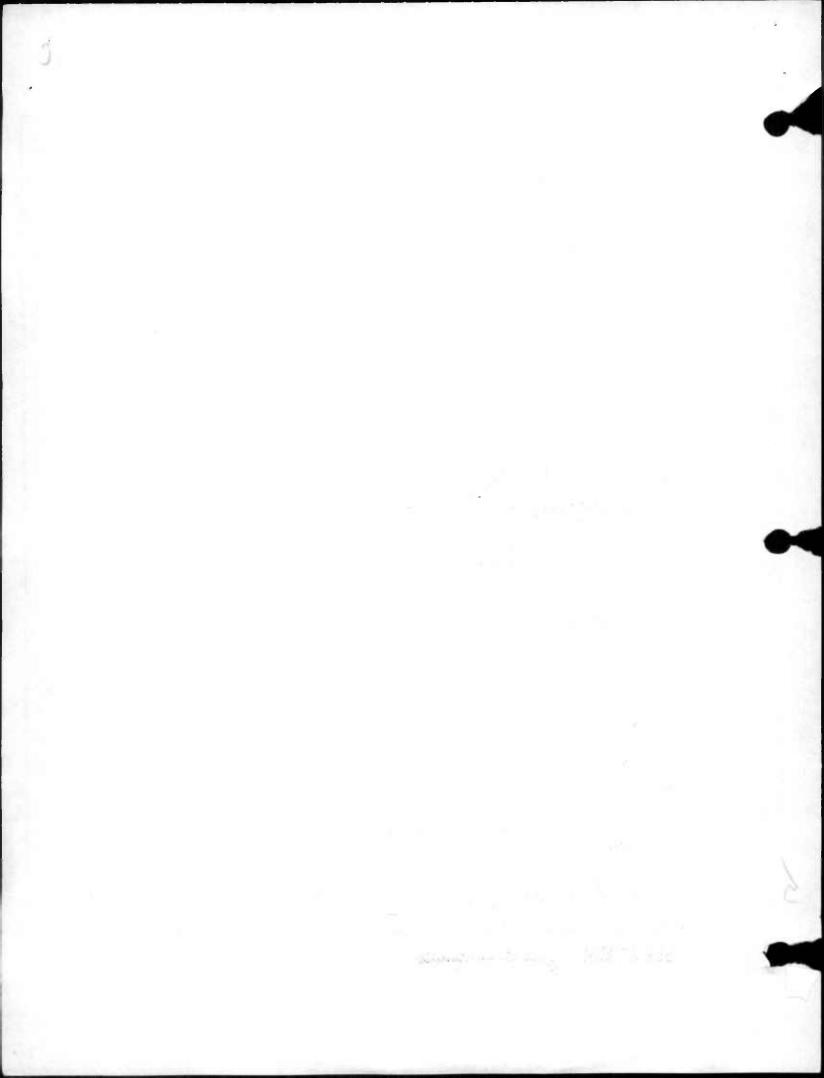
DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 815 alon Septemb 7. DATE OF BIRTH (Month, Day, Year SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 8955 1 M 2 -F DAYS onth, Day, Year, 39 YRS. Maryland detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Bon Secour Ex Extended Care Facility Ellicott City Md. 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Ellicott City Md. 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 21043 3000 N. Ridge Rd. USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12 notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Marguirite Barnes Elmore Holmes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Albert Barnes Sr. 3410 Jo Ann Drive 21207 Balto., Md. 90 20s. METHOD OF DISPOSITION
1 □ Burlet 2 ▼ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State Metro Crematory Catonsville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICER 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiec or respiratory errest, Approximate shock, or haert failura. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Fine)** Sclenosis. Onset end Death the disease or condition event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in desth) LAST 6 shows any injury, PART ii. Other significant conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 3 Suicide At home, farm, street, factory, office S 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homictde It item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death MPORTANT: dus to the cause(a) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D20789 29d. DATE SIGNED (Month, Day, Year)

9 27 GL BE THE Wellem 28 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) ower m 0 31. DATE FILED (Month, Day, Year)
SEP 2 7 1994 32. REGISTRAR'S SIGNATURE OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21203-3146

	1 - FOR STATEL ten#20.a. REGISTRAR	- A	ARYLAND /	DEPAR	TMENT O			MENTA	L HYGIEN	E		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	11.1		ERTIF	ICATE (OF DE	ATH		OF DEATH	NY.	YEAR	3. TIME OF DEATH
	Lottie Stol3berd							MONTH 2 DAY YEAR			74	6:301 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER t YE		DER 24 HRS.		OF BIRTH		8. BIRTH Count	HPLACE (State or Foreign
	066-16-4322	1 M 2 X F	87	YRS.	MONTHS DA	YS HOURS	B MIN.		. 23,1	906		GERMANY
	9a. FACILITY NAME (if not institution, give st	treet and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH		9c. COUN	TY OF D	EATH
DIRECTOR	Church Home				BAL	TIMOR	E					
l Ä	10a. STATE 10b. COUNTY 10c. CIT											10d. INSIDE CITY LIMITS?
	FL PAL	M BEACH		S	. PALM	BEAC	H					1 XYES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP CC	DDE			10g. CITIZ	ZEN OF	WHAT COUNTRY?
Toe. STREET AND NUMBER 3555 SO. OCEAN BLVD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)									USA			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 16. Was Decendent of Hispanic Maxican, Puerto Rican, etc.) 16. Was Decendent of Hispanic Maxican, Puerto Rican, etc.)									E — American Indian, k. White, etc.			
BY	1 Never Married 2 Married X Wildowed 4 Divorced	IF YES, GIVE V				YES 2 N			mean, wee,		Spec	
ED B	15. DECEDENT'S EDUC	******						1 100		1		
ETE	(Specify only highest grade	completed)	(G	ECEDENT'S Sive kind of a. Do NOT u	WORK done during	PATION g most of wo	rking	186	. KIND OF BU	SINESS/IND	USTRY	
1 2	Elemantary/Secondary (0-12)	Collaga (1-4 or 5	-)	ERCH					RETAIL	CLOT	HES	
COMPL	17. FATHER'S NAME (First, Middle, Last)					10 10	THERE N		Middle, Maiden			
2	The territory of the territory and the territory		BLUMENT	CHAL		10. M	JINER S N	AME (FIISL,	wioure, warden	Surname)		
H	19a. INFORMANT'S NAME (Type/Print)		10	h MAILING	ADDRESS (St	met and Num	har or Rumi	Dourte Mum	has City as You	a State Zin	Code	
유	DR. STEPHEN STOL	ZBERG	1.0		ODALE						0000)	
	20a. METHOD OF DISPOSITION	JDLI (O	20h PLACE		_				_		Thu or To	wwn State
	1 Burial 2 Cremation 3 Rame	oval from Stata			SITION (Name o							Wit, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u>- 1 817777</u>	OP 3	ERVICE 22. NAM	E AND ADD			DA	LTO.,	LID.	
	► (h	d			SO	L LEV	INSON	1 & B	ROS.,I	NC.		
5	Jun Maler	Yellie	00		60	10 RE	ISTER	RSTOW	NRD, BA	LTO.	MD.	21215
	23. PART/I. Enter the dieceses, or of shock, or heart failure.	Amplications the	t coused the de lee on each line	eeth. Do e.	not enter the	mode of	dylng, eu	ch ee can	diec or respi	ratory arr	eet,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)		0									Onset and Deeth
	disease or condition resulting in death)	0	heun									days
		DUE TO	(OR AS A CONSE	OUENCE O	F):							20
S	Sequentially list conditions,	b	100	<15	<u> </u>							anys
F	If any, leeding to immediate ceuse. Enter UNDERLYING	DUE 10	(OR AS A CONSE	OUENCE	F):							140-
	CAUSE (Diseese or Injury	c	(OR AS A CONSE	OUENCE O	<u>و.</u>							years
	thet initieted events resulting in death) LAST		(or no n oone	OOLHOL O	,,.							
CERTIFICATION		d										
A	PART ii. Other eignificent condition	e contributing to	deeth but not	resulting	In the under	iying ceus	e given ir	Part i.	24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA									1 TYES 2			COMPLETION OF CAUSE OF DEATH?
W												1 YES 2 NO
ż												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL SEXAMINER?	HOSPITAL:				6. PLACE OF	DEATH (C	heck only o	ne)			
YS!	YES 2 NO		ER/Outpatient 3	DOA	OTHER: 4 - Nursing	Home 8 🗆	Residence	8 🗆 Othe	r (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF (Month, E		26b. TIN	IE OF 284	. INJURY AT WORK?		28d. DE	SCRIBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	NO NO					
ED	3 Suicide 8 Could not be	28a. PLACE (building.	F INJURY — At he atc. (Specify)	ome, ferm,	street, factory,	office			ATION (Street or Town, State)	and Number	or Rural	Route Number,
ETE	4 Homicide determined								9.1			
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occur	red at the time,	date and pla	ice, and du	a to the ca	use(a) and me	ner as stat	ed.	
COMPL	One) 2 MEDICAL EXAMINE	R: On the beels of s	xamination and/or	Investigati	on, in my opini	on, death oc	cured at th	e time, dete	and place, ar	d due to th	e cause(s) and manner se stated.
U U	296. SIGNATURE AND TITLE OF CERTIFIER	R				29c, L	ICENSE NU	IMBER		29d. DATE	E SIGNE	(Month, Day, Year)
2 0	This.	Ablan	d	4.	0	D	432	75	-	1 9	7/	21/74
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)							,
	This,	-	d , /	7.6).	cha	-ch	150	spit.	1.		
	SEP 2 7 1994	32. REGISTRA	AR'S SIGNATURE						4			
1	7 1001	MA WILLIAM	CBBAL H									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020	SJCIAN: The law requires that the death certificate be executed within a rison safer death. Page 6 may be retained by the hospital or attending physician.	Experience to be as signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR AND PROPERTY FILE OF THE VALUE OF THE PLAN FILE OF THE FUNERAL DIRECTOR FILED IN BY THE FUNER BE filed within 72 local and completely filled in by the funer be filed within 72 local and the filed within 72 local and filed filed within 73 local and file	IMPORTANT: If item R8 if meter or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

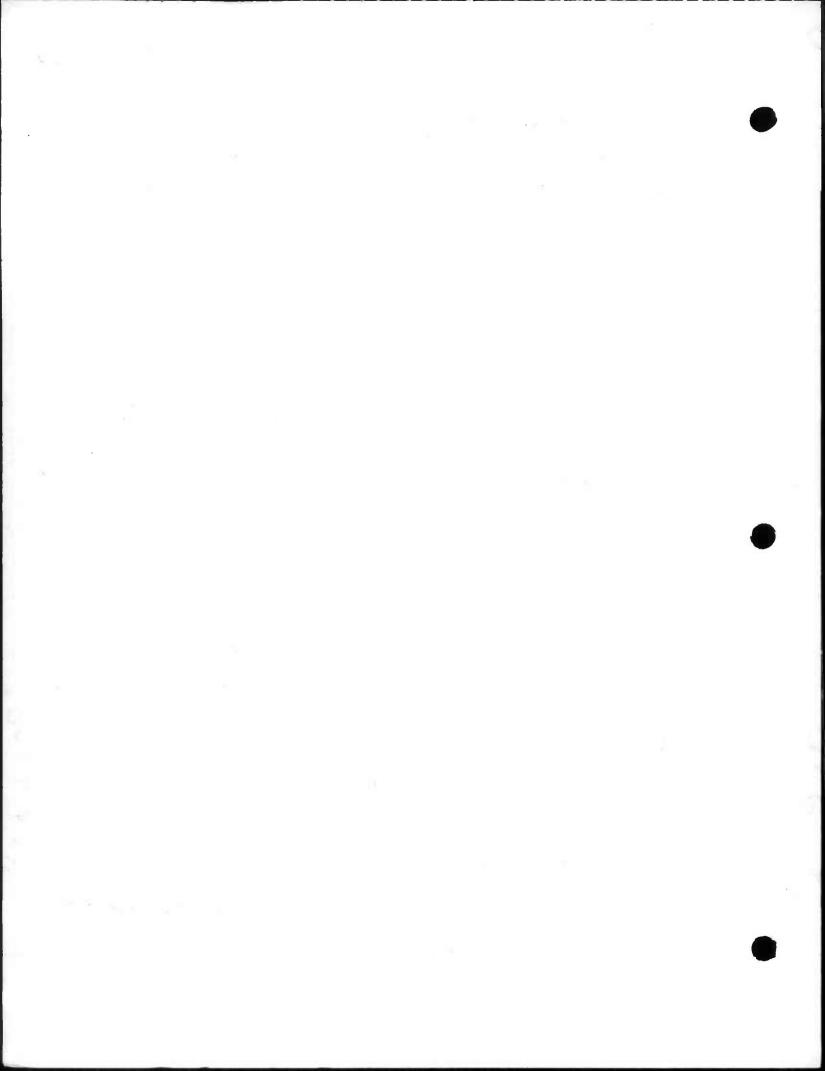
HYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLET

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
	CE	RTIFICATE	O	F DEAT	TH		REG N	0

LOCATION AND ALBERT SUDOL SERVICE TO ALL STREET SUDOL SECRET TO ALL STREET SUDOL SERVICE TO ALL STREET SUDOL SECRET TO ALL STREET SUDOL SERVICE TO ALL STREE	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIEN	E			
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147-40-8244 150 M 2										
The MALLING AND STREET AND MARKET OF DECEMBER 1 STREET AND MARKET OF THE STREET AND MARKET OF TH	A CONTRACTOR OF THE PARTY OF TH		MON		HOUSE MIN	(Month, Day, Year)		Country)		
NORTH BRY BRIDGE TO PIER #1 BRITIMUS SECONTY MARYLAND 18. STRETT AND MARKERS 18. STRETT AND MARKER			47	CITY, TOWN O				4		
Maryland Baltimore DCCYES NO DCCYE	NORTH BAY	BRIDGE TO PIE								
Martina Name Satter and Na	10a. STATE 108	» COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY		
1313 Butaw Street 1. MANTAL STATUS 1. WAS DECEMBER 1978 IN U.S. A.M. 1. MANTAL STATUS 1. WAS DECEMBER 1978 IN U.S. A.M. 1. MANTAL STATUS 1. WAS DECEMBER 1978 IN U.S. A.M. 1. MANTAL STATUS 1. WAS DECEMBER 1978 IN U.S. A.M. 1. MANTAL STATUS 1. WAS DECEMBER 1978 IN U.S. A.M. 1. MANTAL STATUS					Baltir	nore				
1. MACH CONTROLL STATUS 1. MACH CONTROLL	Children and a series of the control	12 Pul Cl 1		101.	1000		10g. CITIZE	N OF WHAT COUNTRY?		
Secretarises										
Sequentially list conditions Sequentially lis	The second secon	ried FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Maxican,		or No 14	. RACE — American Indian, Black, White, atc.		
Class (and of a section of a	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	1 🗌 YES	2 NO Specify:		1	Specify: White		
Enwardshysecondary (p-12) College IH or 5 + 1 Investigator State Government	15. DECEOE	NT'S EDUCATION	18a. OECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BUS	INESS/INOUS	TRY		
19. PATHER'S NAME (Piper, Model), Last) PMI1 Sudo1, Sr. 19. INFORMANTS NAME (Piper) Propt PMI1 Sudo1, Sr. 20. METHOD OF DEPOSITION 20. METHOD OF DEPOSITION 20. METHOD OF DEPOSITION 21. SUGMATURE OF PURPLAL SERVICE LICENSEE 22. PART I. Other significant conditions 23. PART I. Other significant conditions 23. PART II. Other significant conditions 24. MERCENDER OF DEATH 25. Sequentially list conditions 26. DUE TO (OR AS A CONSEQUENCE OF): 27. MICHAEL SERVICE LICENSEE 28. Sequentially list conditions 29. DUE TO (OR AS A CONSEQUENCE OF): 29. METHOD OF DEATH 20. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQUENCE OF): 21. SIGNATURE OF DEATH 22. PART II. Other significant conditions 23. PART II. Other significant conditions 24. WES AND ADDRESS OF DEATH 25. Sequentially list conditions 26. DUE TO (OR AS A CONSEQUENCE OF): 27. MICHAEL SERVICE LICENSEE 28. WES AND AUTOPSY PROMINGS 29. WES ALTOPSY PROMINGS 29. WES ALTOPSY PROMINGS 20. METHOD OF DEATH 29. METHOD OF DEATH 29. SIGNATURE OF DEATH 29. METHOD OF DE			life. Do NOT use reti	red.)	st or working					
Emil Sudol, Sr. 198. INFORMANT'S NAME (Type/Prior) Emil Sudol, Sr. 198. MALLING ADDRESS (Simel and Number of Paral Road Murber City or Swn. 25th Cody) Emil Sudol, Sr. 198. MALLING ADDRESS (Simel and Number of Paral Road Murber City or Swn. 25th Cody) Emil Sudol, Sr. 208. PLACE AND DATE of Disposition (Named of Cody) or Swn. 25th Cody) 178. Method of Osserostion and Paral Road Murber City or Swn. 25th Cody) 178. Method of Osserostion and Paral Road Murber City or Swn. 25th Cody) 219. PLACE AND DATE of Disposition (Named of Cody) or Swn. 25th Cody) 220. PLACE AND DATE of Disposition (Named of Cody) or Swn. 25th Cody) 221. School and Cody (Cody) or Swn. 25th Cody) 222. MATE Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such see certific or respiratory errest. 108. MEDIATE CALLSE (Finel diseases or complications that caused the death. Do not enter the mode of dying, such see certific or respiratory errest. 108. MEDIATE CALLSE (Finel diseases or conditions, entering in death) 109. To (On As a CONSEQUENCE OF): 219. DUE TO (ON AS A CONSEQUENCE OF): 220. MATE II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 221. MANGE OF DEATH 109. DUE TO (ON AS A CONSEQUENCE OF): 222. MANGE OF DEATH 109. Ponding 109. DUE TO (ON AS A CONSEQUENCE OF): 223. MANGE OF DEATH 109. Ponding			Investi	gator		State	Gover	nment		
129. INFORMANT'S NAME (TypurPrint) Total Doubles Street and Number of Partel Roude Number, City or Sews, Stein, Zip Code)	17. FATHER'S NAME (First, Middle,				18. MOTHER'S NAM		,			
Emil Sudol, Sr. South Hard Committee Sou					·					
Ball Hill Committee Secretary Committee Secretary SouthHackensack New Jerse New Jerse										
Secundary Committed Comment										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. MARE AND ADDRESS OF FACILITY 3981CATYO1Lton Road Upperco, Maryland21155 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ex cerdisc or respiratory errest, information of the cause of the death. Do not enter the mode of dying, such ex cerdisc or respiratory errest, information of the cause of the death of the cause of the death. Do not enter the mode of dying, such ex cerdisc or respiratory errest, information of the cause of	1 to Buriet 2 - Cremetion 3	1 Surfact 2 Cremation 3 Removal from State Commetery, crematory or other place)								
3981Carrollton Road Upperco, Maryland 21155 23. PARTI I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sec cerdiac or respiratory errest, ehock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Fined diseases or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF			T. Michael			Sout	.hHacke	ensack.NewJerse		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such expectations of the control of t	1 2 m/as	1 Por will	_		- 11200 01 17101		o Fune	eral Service		
Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): D				3981Ca	rrollton	Road Uppe	rco,Ma	aryland21155		
Sequentially list conditions on the property of the property	23. PART i. Enter the disea ehock, or heert	ses, or complications that caused failure. List only one cause on a	d the death. Do not e ech line.	nter tha mod	de of dying, auch	ee cerdiac or reepi	ratory errest			
Sequentielly list conditione, If any, leading to immediate ceruse. Enter UNDERLYING CAUSE (Disease of Injury the Initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS ACCORDING CONSCOUENCE OF): DUE TO (OR AS ACCORDING CONSCOUENCE OF): DUE		20 (10	1 -	0 -			, 1	Onset and Death		
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DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			CONSEQUENCE OF):			7				
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Second Continued Continu	25. WAS CASE REFERRED TO ME	T T			DIACEKIMIN		-			
27. MANNER OF DEATH Natural S Pending Investigation S Suicide S Could not be determined					5 Residence	XOther (Specify)	PIE	R #1		
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dey, Vear) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE 33. Caude to the cause (s) more investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE 33. DATE FILED (Month, Day, Vear) 34. REGISTRAR'S SIGNATURE 35. DATE FILED (Month, Day, Vear) 36. REGISTRAR'S SIGNATURE	27. MANNER OF DEATH	28a, OATE OF INJURY	- 11	28c. INJU	JRY AT			**		
28a. Cauld not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND. III.E OF SERTIFYER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	The state of the s	ling A A A	4 0900			Jumped	off	Ban Bodge		
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(Check only one) 2 XXMEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF SERVIPER 29c. LICENSE NUMBER O. C. M. E. 29d. OATE SIGNED (Monith, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) The print of the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER O. C. M. E. 29d. OATE SIGNED (Monith, Day, Year) SEPT. 21/94 31. DATE FILED (Monith, Day, Year) 32. REGISTRAR'S SIGNATURE	4 Homicide deter	mined	" 17	Bridge	e 1	-1 2	d Spa	in Buy Bodge		
2 SMEDICAL EXAMINER: On the basis of examinating and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER O.C.M.E. 29d. OATE SIGNED (Month, Day, Year) SEPT. 21/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) The penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	(Check only	IG PHYSICIAN: To the best of my know	ledge, death occurred at	the time, date	and pleca, and due to	the couse(s) and men	ner as atated.	3		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Owid R Fowler 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								ause(s) and menner as stated.		
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	30. NAME AND ADDRESS OF PER				t, Balti	imore, M	aryla	nd 21201		
			ATURE			-				



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMONE, MANTLAND 21213-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. of Mealth and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notitled at once.	
Constitution of the Consti	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			-				OF DEATH	w	MEAR	3. TIME OF DEATH
	IRVING		SC	HWAR!	TZMAN		SEE	T. 19%	1994	YEAR	4:20p
	4. SOCIAL SECURITY NUMBER 214-18-2889	5. SEX 6	i. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA		(Mon	OF BIRTH th, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give st	**	12	THS.				<u> '22/192</u>			ARYLAND
OR	MULTI MERIDIAN NU	,	E		TOWSO!					NTY OF DI	
ᇤᅵ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
DIRECTOR	MARYLAND				rimore						LIMITS?
FUNERAL							109. ZIP CODE 109. CITIZEN OF WN/ USA USA				NAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 11 YES 2 □ NO If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. RACE Black, Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Rican, atc.)						- American Indian, t, White, atc.			
TED	(Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KINO OF BUSINESS/INOUSTRY									
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) ATTORNEY ATTORNEY							AT LAW	1		
ш	17. FATHER'S NAME (First, Middle, Last) PHILIP SCHWARTZMAN 16. MOTHER'S NAME (First, Middle, Meiden Surname) FEINBER							ERG			
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Burel Route Number, City or Town, State, Zip Code) 5807 WESTERN RUN DR., APT. C BALTO., MD 21209										
	20b. METHOD OF DISPOSITION 1AX Surfat 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACEAND OATEOF DISPOSITION (Name of Capation ARLINGTON CHIZUK AMUNO) 9/23/94 BALTIMORE, MD										
	21. SIGNATURE OF FUNERAL SERVICE DC	ENSEE				LEVINSON T					
	per l	20	ws	=		REISTERT					21215
	23. PART I. Enter the disease, or condition resulting in deeth)	lat only ona cause	nused the dea	me	3	moda of dying, suc	ch es cer	diac or raapi	ratory ari	rest,	Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury										
ERT	that initiated events resulting in death) LAST d										
EDICAL	PART II. Other eignificent conditions UVOSCPSIS INSULUS depe						Pert I.	24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
Σ	DID TOBACCO USE CONTR	RIBUTE TO CAU	SE OF DEAT	H YE	S D NO	UNCERTAL	N []				1 TYES 2 NO
<u> </u>	25. WAS CASE REFERRED TO MEDICAL		26 PLACE	OF DEAT	H (Check only o						
ž	1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Wursing H	ome 5 🗆 Rasidence	6 Othe	er (Specify)			
PHYSICIAN:	1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	26b. TIME INJU	IRY	INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF It	NJURY — At hom	ne, term, at				CATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC										 ,
Š	2 MEDICAL EXAMINER	R: On the beele of exen	nination end/or in	westigation	, in my opinior	, death occured at the	time, date	and place, and	dua to th	e cause(s)	and manner as ateted.
	296. SIGNATURE AND TITLE OF CENTIFIER					29c. LICENSE NUI	WBER		29d. OAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	1033	120			1 20	194
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					_			
	SEP 2 7 1994	Fri Danien	- Roubel								
	U										OHMH-16 Rev 1/8

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, tremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last) JOHN RO	DY	SIM	MONS		2. DATE OF DEATH	3 ¹ 1994	YEAR 3	TIME OF DEATH	
	The second of th	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
		1 x M 2 □ F 39	YRS.	MONTHS DAYS	HOURS MIN.	NOV. 12,	1954	Mar Mar	yland	
œ	9a. FACILITY NAME (If not institution, give stre			1	OR LOCATION OF DE		9c. COUNTY OF DEATH			
5	Saint Joseph Hospit	A		104	son, Mary	nand		Baltimo	оге	
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10	Dd. INSIDE CITY LIMITS?	
	Maryland N/A		Ba	ltimore					X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4318 Berger Avenue	9		11	1. ZIP CODE 21206			ZEN OF WHA	AT COUNTRY?	
Į.	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEOENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	a or No-	14. RACE — Black, V	- American Indian, Vhita, atc.	
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 XNO Specify			Whit		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION ompleted)	16a. DECEDENT'S	USUAL OCCUPAT work done during m se retired.)	ON ost of working	16b, KIND OF BU	ISINESS/INC	DUSTRY		
F.	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	Music Co			Music				
O	17. FATHER'S NAME (First, Middle, Last)	-				ME (First, Middle, Maide	n Surname)			
BE C	LILLE MAE THOMAS									
TO B	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	4516 berger Avenue, barchible, Maryland 212									
	1 Burlat 2 X Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Creen Mount Cemetery 9/29 Baltimore, Ma								aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHn C. Miller, Inc.									
\vdash	23. PART i. Enter the diseases, pr col	mailoutions that alues	d the death. Do	[6415]	Belair Ro	pad, Balti	more,	Mary.	land 21206	
	Approximate interval Batween on each failura. List only one cause on each line. Approximate interval Batween one condition resulting in death) ACQUIRED IMMUNE DEFICIENCY SYNDROME DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART ii. Other aignificant conditions	contribution to death h	ant materials	in the underlying		50. I				
EDICAL	THE IL CHIEF EIGHTOUTE CONDITIONS	contributing to death t	out not readiting	in tha underlyin	g cause givan in	PERFO	RMED?	AV	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE	
						1 TYES	2 NO	OF	DEATH?	
N.	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YE	S D NO D	UNCERTAIN			'	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	OSPITAL:	26. PLACE OF DEAT	TH (Check only one						
YSI	1 YES 2 NO 1	Inpatient 2 - ER/Outp			ne 5 🗆 Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OC	CURED		
a	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, a	street, fectory, offic	a	26f. LOCATION (Street City or Town, State		or Rural Rout	e Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of my know On the besis of axeminatio							nd manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	noh	0		29c, LICENSE NUM	IBER	29d. DAT		onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO OF FRANCIS KHOO, M.I.	D., ST. JOSE	PH HOSPI		YORK RO	AD, TOWSO	N, MC	21204		
	SEP2 7 1994 July	32. REGISTRAR'S SIGN	ATURE							

Laboration with the Late of the Contraction of the

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

New York

14. RACE — American Indian, Black, White, stc.

White

USA

Specify:

3150AM

Page 6 may be retained by the hospital or attending physician. It director, page 5 should be detached for use as the burlal-tran ALTIMORE, MARYLAND 21215-0020

burlal-transit permit. Pages 1, 2, 3 should

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PHYSICIAN: MEDICAL CERTIFICATION

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	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Pr	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9 - 20 EDWARD CLAYTON STRAUB 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 5. SEX MONTHS DAYS HOURS MIN 6-11-1933 124 26 2507 1 M 2 F 61 VRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis AnneArundel Co RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland AnneArundelCounty Riva 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 353 Westbury Drive 21140 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 17 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 11. MARITAL STATUS 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 3 Widowed 4 Divorced 1955-79 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Colonel Federal Gov't 12+ Engineer/ USAF 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Martin Straub Marie Clayton Anna 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs Betty Straub 353 WestburyDr, Riva, MD 21140 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Burial 2 Cremation 3 Removal from State cemetery, cremetory or other place) 4 M Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEER onald wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD21201 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSPOUENCE OF)if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. EM BU

24a. WAS AN AUTOPSY PERFORMED? 1 TYES AND NO

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Mor

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

Approximate

Intervel Between

Onset and Death

3 WOS

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

8 Could not be determined

1994

HOSPITAL: Inpetient 2 - ER/Outpetient 3 - DDA 200. DATE OF INJURY

26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 26b. TIME OF INJURY

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29c. LICENSE NUMBER

636

29e. CERTIFIER

27. MANNER OF DEATH

Natural Accident

3 Suicide

4 Homicide

eter-31. DATE FILED (Month, Day, Year)

SEP 2

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated,

MEDICAL EXAMINER: On the wa of examination and/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(a) and me 29b. SIGNATURE AND TITLE OF CERTIFIER

		YO	01	10	rail	KI	M	V	
5	NAME AND	ADDRESS OF D	EDEON WHO	COMPLETE	o cause d	DEATH	ATTENA A	27 /T	2 / 4

26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

32. REGISTRAR'S SIGNATURE Asider

I localisation of the second o

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withh.— nours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item#1 Per F.H. Film# G-715 09/27/94 R.M.

FOR
STATE
STATE
STATE
STATE
STATE
OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lash	ING FO	GRAING	J. I	OBIN	2. DATE OF DEATH	9 (3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 089-28-0137	1 🛣 M 2 🗆 F 90	in yrs. lest birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 09/05/19	8. BIRTHPLACE (State or Foreign Country) RUSSIA		
TOR	99. FACILITY NAME (If not institution, give s HOWARD COUNTY GE	itreet and number) N. HOSPITAL		PB. CITY, TOW	N OR LOCATION OF DEA MBIA			ITY OF DEATH	
[ច្ច [RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	~	I as asset						
DIRECTOR	MARYLAND HOWA			V, TOWN OR LO	A			10d. INSIDE CITY LIMITS? 1 TyPES 2 NO	
FUNERAL	9366 MELLENBROC				21045		USA	ZEN OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 WO	If yes	DECENDENT OF HISPANIC specify Cuben, Mexicen, (ES 2 NO Specify:	ORIGIN? (Specify Yer Puerto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: WHTTE	
유	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/IND		
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of w life. Do NOT us PHARM)		most of working	PHARMA	CY		
2	17. FATHER'S NAME (First, Middle, Last)				40 1407115010 11441	E /E1 - A 41-2-41 - A 4 1-2			
BE C	WALKA MALKA								
2	190. INFORMANT'S NAME (Type/Print) DR. JORDAN D. TO	DTN	19b. MAILING	ADDRESS (Stre	et and Number or Rural Ro	ute Number, City or Tow	n, State, Zip	Code)	
					IBROOK RD.	COLUMBIA			
	20e. METHOD OF DISPOSITION 1	noval from State cem	PLACE AND DATE Of the terry, cremetory or of DE.D. MONTH	her plece)	(Neme of 9/23/94		ENS,	Cify or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	263	22. NAMI	AND ADDRESS OF FACI	LITY		TAX	
	· allense	ie Delve	weon	6010	LEVINSON &	WN RD R	ΔΙ.ΤΩ	MD 21215	
	23. PART I. Enter the diseases, or ehock, or heart failure.	complications that caused Liet only one ceuse on ea	tha death. Do n	ot anter tha	mode of dying, such	as cardiac or resp	ratory arre	eat, Approximete	
	IMMEDIATE CAUSE (Final	A 5 0	.00	10)	ON 15. 1	m see	1	intarval Batween Onset and Death	
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	NO	PNEU		14		
N	Sequentially list conditions,	. 56	[] 2 (TRE	PISO	RAER	_		
CATIC	if any, iseding to immediata ceuse. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	7):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):					
S		d							
DICAL	PART II. Other eignificent condition	s contributing to death be	ut not reaulting	1 \ 0	ring causa given in Pa	ert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	704	-101511116	2001	1176	4915	1 YES 2		COMPLETION OF CAUSE OF DEATH?	
¥.						_		1 TYES 2 NO	
ä	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Check				
Ş. ∥	1 TYES 2 NO 27. MANNEB OF DEATH	1 Inpetient 2 ER/Outp. 28e. DATE OF INJURY	atlent 3 DOA 28b, TIMI		Iome 5 Residence 8		N HIPV DOD	NIDEO.	
BY PI	1 Natural 5 Pending Investigation	(Month, Day, Year)		URY	WORK?	28d. DEŞCRIBE HOW I	NJURY OCC	URED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	street, factory, c	ffice	281. LOCATION (Street of City or Town, State)	and Number	or Rural Route Number,	
COMPLETE	anal	ICIAN: To the best of my knowl							
00	MEDICAL EXAMINE	R: On the basis of examination	end/or Investigation	n in my opinio	n, death occured at the til	me, date end place, an	d due to the	e ceuse(e) and manner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CHATIFIE	"IVAUVY	SVV	4	2 Diagnos Sun S	PR)	29d. OAT	Sighted (Money) and Man	
	30. NAME AND ADDRESS OF PERSON WH	MHURER	H (ITEM 2 Type	7010	LO AMI	NOP R	0	ELLICOTON	
	SEP 2 7 1994	12. REGISTRAR'S SIGNA						21042	
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TO THE HUSPITAL OR TO THE FUNERAL DIRECT DE BIRD WITHIN 72 HOURS IMPORTANTE. II I IND.

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	Earth conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should be considered for use as the burlat-transit permit, Pages 1, 2, 3 should be considered for use as the burlat-transit permit, Pages 1, 2, 3 should be considered for the party and Mental Horisone prior to burlat.	si examiner must be notified at once.	
WOF VITAL RECORDS, P.O. BOX 68760	G PHINGLAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	the first entificate has been signed by the attending physician and completely filled in by the free time. State Dent, of Health and Mental Hydiene prior to build, cremation, or removal	served, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

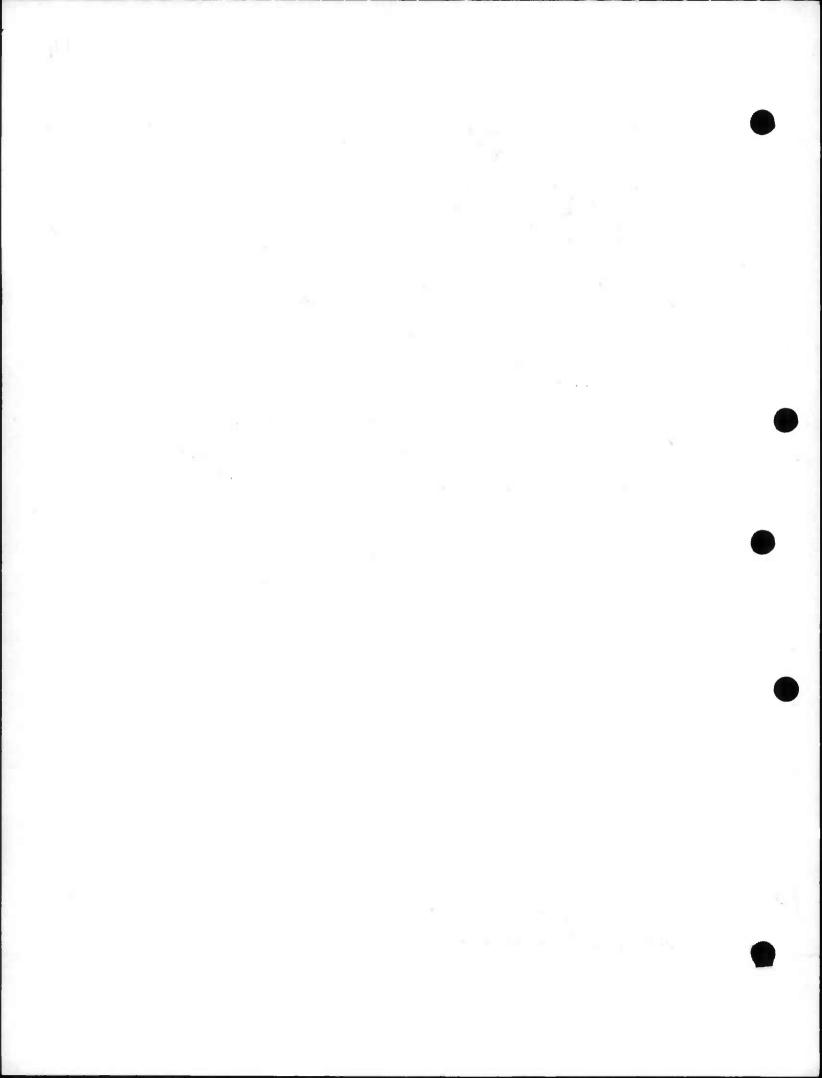
FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM	MENT OF HEALTH		NTAL HYGIEN	_					
1. DECEDENT'S NAME (First, Middle, L ELLA L. THO	MAS			2	DATE OF DEATH MONTH SEPT 21	1994 YEAR	12:00 P.				
4. SOCIAL SECURITY NUMBER 216-10- 7657 98. FACILITY NAME (If not institution, g	t - M 2 7 F	93 YRS. MO	NTHS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) 8/24/01	Cou	THPLACE (State or Foreign ntry) RYLAND DEATN				
1029 N. RUTLAN	1029 N. RUTLAND STREET BALTIMORE										
1029 N. RUTLAN RESIDENCE OF DECEDENT 10a. STATE 10b. COU	UNTY		OWN OR LOCATION TIMORE		10d. INSIDE CITY LIMITS? t X YES 2 NO						
10e. STREET AND NUMBER 1029 N. RUTLAN 11. MARITAL STATUS 1 Never Married	D STREET.		10f. ZIP COI			USA	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	ES 2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	an, Maxican, P	or No — 14. RA Ble Spo	CE — American Indian, nick, White, atc.					
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last	ing	16b. KIND OF BU	SINESS/INDUSTRY	K; AMERICAN							
GEORGE MONROE	THER'S NAME ANNIE	(First, Middle, Meiden MONROE	Surname)								
19a. INFORMANT'S NAME (Type/Print) ELSIE J. EPPS	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) ELSIE J. EPPS 1029 N. RUTLAND STREET, BALTIMORE, MD.										
20a. METHOD OF DISPOSITION 1 Zernation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)											
4 Donation 5 Other (Specify)	-	MT. ZION CI	22. NAME AND ADDR ESTEP BRO	ESS OF FACILITY	TY FUNERAL I	HOME, P.A					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	aDUE TO (OR	TER, BLA AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					Approximate Interval Betwee Onset end Dear				
Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CONGESTIVE HE	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given CONGESTIVE HEART FAILURE, RENAU FAILURE, DIABETES						4b. WERE AUTOPSY FINDING AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	0	26. PLACE OF	DEATH (Check	only one)						
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat	1 Inpatient 2 IER. 28a. DATE OF INJU (Month, Day, Ye	Outpatient 3 DOA 4	Nursing Nome 5 1	20	Other (Specify)	NJURY OCCURED					
	building, atc.	IURY — At home, ferm, stre (Specify)	et, tactory, offica	20	St. LOCATION (Street City or Town, State)		il Route Number,				
	NYSICIAN: To the best of my I						e(a) and manner as stated.				
30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUSE O	MD.	1	2/7/3	/ /	29d. DATE SIGN. ▶ 9 - 7	ED (Month, Day, Year)				
G - L/ · S7	TUART JR 32. REGISTRAR'S	•									
SEP 2 7 1994	John Danier										

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	nd completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should
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MO	Page 6 n	director
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 -	FOR STATE REGISTRAR		STATE OF MA	RYLAN				EALTH AND DEATH	MENT	AL HYGI			
	ECEOENT'S NAME (First,				0			DEATH	2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	GMace.	S To							_	7 3	2/ 4	74	1730 p. H
	18-36-85		5. SEX 6.	AGE (In y		YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT (Mo	e of Birth orth, Day, Year 1-01-	, -1896	S. BIRT	HPLACE (State or Edialgn Try) W YORK
H I	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH NORTHWEST HOSPITAL CENTER BALTIMOR									DEATH			
RE	SIDENCE OF DEC												
		10b. COUNTY			10	•	WN OR LOCA						10d. INSIDE CITY LIMITS?
	ARYLAND STREET AND NUMBER	CARR	OLL			SYK	ESVII						1 TYES 2 NO
		3 1770					10	. ZIP CODE					WHAT COUNTRY?
	7200 3RD	AVE	10 WHE DECEDENT	3/ED IN 11	0.40450			21784				.S.2	
	Never Married 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2	2 NO	'	If yes, sp	ENDENT OF HISPA ecify Cuben, Maxic 2 NO Speci	an, Puart				,
	15. DECE	DENT'S EDUC	ATION	16	necen	ENT'S HELL	AL OCCUPATION	NAI.	L	P VIND OF	DI IONAFOO (III	ID VATOV	WHITE
17. F		highest grade of			(Give ki	ind of work of NOT use reti	done durina ma	st of working	"	DO. KIND OF	BUSINESS/II	NUSTRY	
	12	12,	Conege (I-4 or 5+)	F	INA	VCIA	L SEC	RETARY	- 11	DEPT.	OF	EDUC	CATION
17. F	FATHER'S NAME (First, Mic	ddle, Last)						18. MOTHER'S N.					211111011
	THOMAS ST	TEELE						EDIT	н н	EORRE	ELL		
190	INFORMANT'S NAME (Ty	pe/Print)			19b. M/	AILING ADD	RESS (Street a	nd Number or Rural				(ip Code)	
R	UTH F. ST	PEELE			3:	12 E	. MEL	ROSE A	VE.	APT.	D B	ALT	O.,MD.2121
170	METHOD OF DISPOSITION Burlal 2 Cremation Donation 5 Other	3 🗆 Remo	oval from Stata		ACEAND		SPOSITION (NE		0/	TE 20c.	LOCATION -	- City or To	own, Stata
	SIGNATURE OF FUNERAL		ENSEE	1 1 1	AIVIV	1000		D ADDRESS OF F					
	► Wille	ink	· lave	111				RY W. 5 YORK					21212.
iMA	PART i. Entar the dis shock, or he MEDIATE CAUSE (Fins eess or condition suiting in death)	art failura. L si	Seption	on each	ONSEQUE	NCE OF):					epiratory a	rreat,	Approximeta interval Betweer Onset and Daeti
if a cau CAI tha	quantially list condition, leading to immeduse. Enter UNDERLYIF USE (Disease or Injurt initiated evanta uiting in death) LAST	liata NG y c	OUE TO (OI				11.01	infor	C.				
	RT II. Other algnificer	nt conditions	a contributing to de	eath but i	not rasu	iting in th	e underlyin	g ceuse given ir	Part i.	PERI	AN AUTOPSY FORMED?	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	WAS ALSO DESCRIPTION OF THE PARTY OF THE PAR												
25.	WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	02-00-00-		ОТ	26. PI HER:	ACE OF DEATH (C	heck only	one)			
27. 1	1 YES 2 100		1 Inpetient 2 E					e 5 🗆 Rasidence	7				
1 2	☐ Metural 5 ☐ F	ending evestigation	28s. DATE OF IN. (Month, Day,	Ybar)	28	ib. TIME OF		URY AT PRK? YES 2 NO	28d. D	EŞCRIBE HO	W INJURY O	CCURED	
		Could not be etermined	28s. PLACE OF II building, etc	NJURY — I L. (Specify)	At home,	farm, street	, factory, offic		281. LC	CATION (Streety or Town, St	eet and Numb late)	er or Rural	Route Number,
100			ZIAN: To the best of my										a) and manner as stated.
	SIGNATURE AND TITLE									piece			
	1/1		40.0	/				29c. LICENSE NU	MOEK /	,	290. 0/	SIGNED	(Month, Day, Year)
30. N	NAME AND ADDRESS OF	1 ,	. 0 1.	OF DEATH	4			17 45	/(Ł	1 - 7	KAN	9.74
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TO THE HOSPITAL OFFWIT TO THE FUNERAL DIFFWIT De fled within 72 hours IMPORTANT: If item 2

SECIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Second and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

when, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	NY.	3. TIME OF DEATH
- 1		OIS	TA	ATE		09 25	94	
	4. SOCIAL SECURITY NUMBER 21.8-28-2274	5. SEX 6. A	GE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1 E	B. BIRTHPLACE (State or Foreign PENNSYLVANIA
	9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH		Y OF DEATH
DIRECTOR	NORTH ARUNDEL HOS	PITAL ASSO	CIATION	GLEN	BURNIE		Α.	A. COUNTY
DIRE	MARYLAND ANN	E ARUNDE		Y, TOWN OR LOC MILI	ERSVILL	E		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 829 OAKDALE CIR	CLE		1	01. ZIP CODE 21108			EN OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DI	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		4. RACE — American Indian.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 VINO R DATES A	If yes,	pecify Cuben, Mexice S 2 X NO Specify	n, Puerto Rican, etc.)		Specify: WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEOENT'S (Give kind of v	vork done during r	ION nost of working	16b. KINO OF BUS	SINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	life. Do NOT us	MAKER	•	OWN	HOME	3
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	JOHN LET 190. INFORMANT'S NAME (Type/Print)	RICK			SUZA			ADAMSON
5	HARVEY TAT	E	1515 F	ROMEO	LANE,	SEVERN, N	ARYL	AND 21144
	20e. METHOD OF DISPOSITION 1	val from State	206. PLACE AND DATE OF STATE O	ERVICE	Vame of 9/26, CORPOR	/94ATE 20c. LO	SON,	ty or Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE		NO					FUNERAL HOME
	1/10	Esel K	120/11	GLE	N BURNIE	, MARYLA	ND 2	1061
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	mpilcations that cau	sed the geath. Do n	ot enter the m	ode of dying, suci	h as cerdlec or respi	ratory arres	Approximete intervel Between
	IMMEDIATE CAUSE (Finel	0.4						Onset end Deeth
	resulting in death)	IVIe	tast	ahi				
_		P_1	S A CONSEQUENCE OF	·);	1 0 14			
5	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE OF):	N.Cen			
S	CAUSE (Disease or Injury c.	0115.20.400.4						
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF	·):				
	DADT is Other plantings and distant							
EDICAL	PART II. Other significent conditione	contributing to deet	n but not resulting I	n the underlyi	ng cause given in	Pert i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED						1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE	OF DEATH YE	SUNOI	T LINCEDTAIN			1 TYES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEAT			10		
Sign		HOSPITAL: 1 Inpatient 2 ER/C	Putpatient 3 DOA	OTHER: 4 Nursing Ho	me 5 - Residence	8 Other (Specify)		
/ PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Yea		URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW IP	JURY OCCU	REO
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At home, term, a			281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
ETE	4 Homicide determined							
COMPLET						to the cause(e) end men time, date end place, end		ceuse(s) end menner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2 2		10	29c. LICENSE NUM	IBER	29d. DATE S	BIGNED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type.	Print)	ועו	145	- 1	12314
	DR. L. SEENIVASAN				TIMORE, 1	MARYLAND 2	1225	
	31. OATE FILEO (Month, Day, Year)	22. REGISTRAR'S SI						
- 1	SEP 2 7 1994	Jali Danies	- Kandall					

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OF TO THE FUNERAL UNEST DE filed within 72 IMPORTANT. IT ION

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach ith the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Page 1	-	-

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			ERTIF	ICATE (OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) EDNA MAE	T	RESSL	ER			2. DATE OF DEATH	" 1994	YEAR	3. TIME OF DEATH 1:10 A.M.M
	4. SOCIAL SECURITY NUMBER 178-24-7863	5. SEX 1 M 2 AF	6. AGE (In yrs. 87	lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 12-30-19	06	8. BIRTH	PLACE (State or Foreign RYLAND
OR	"MERIDYA"N "NURSI 9109 LIBERTY RO					WN OR LOCATION OF DIDALLSTO		9c. COUN		MORE
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	r, TOWN OR L					10d. INSIDE CITY
		INE ARUN	NDEL		GLEN	BURNIE				1 TES 2 X NO
FUNERAL	100. STREET AND NUMBER 115 FIRST AVEN	UE, SOUT	PH .			101. ZIP CODE 21061			S.A	/HAT COUNTRY?
R	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED MO	If ye	DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 NO Specific		or No-	14. RACE Black Specif	— American Indian, , White, etc. by: WHITE
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. S	DECEDENT'S	USUAL OCCU	PATION g most of working	16b. KINO OF BUS	SINESS/INDU	JSTRY	
7	Elementary/Secondary (0-12)	NONE			MAKEI		OWN	номе	2	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) ARTHUR	LAYTO	N			18. MOTHER'S NA EMMA	ME (First, Middle, Maiden BLANCI		RI	EITER
20	190. INFORMANT'S NAME (Type/Print) MRS. VIRGINIA	B. TOPPE		196. MAILING 115	AOORESS (St	AVENUE,	Route Number, City or Town	n. State, Zip o	Code) BUI	2106L RNIE, MD.
	20s_METHOO OF DISPOSITION 1	oval from State	20b. PLAC cometery. C	EAND DATE OF OR	PEN I	N(Name of MEMORIAL	1/22/94	CATION — C		wn, State IE, MD.
	21. SIGNATURE DE MUNERAL BERVICE LIC	ENSEE	hi		22. NAW	SECOND A	VENUE, S. E, MARYL	W -		ERAL HOME
	23. PART I. Enter the disesses, or of shock, or heart failure.	complications that List only one caus	caused the dee on sach lie	desth. Do n	ot enter tha	mode of dying, suc	ch as cardiac or reapi	retory arre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	(A	An/	ME	=N/C	- +-	7			Onset and Death
ł	resulting in death)	OUE TO (OR AS A CONS	EQUENCE OF	7 / 0	FO	0			TOTOT SITE
5	Sequentially list conditions, if any, leading to immediate	b. OUE TO (DR AS A CONS	EQUENCE OF	7):	<u>. </u>				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
CERTIFICATION	that initiated events resulting in death) LAST	d	OR AS A CONS	EOUENCE OF	·):					
	PART II. Other significant condition	s contributing to	daath but not	t resulting l	n the under	lying cause given in	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	CUA	DE	ME	NIT	14		PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	DID TOP ACCOUNT	NIDUITE TO CAL	ICE OF DE	A711 \7	C = 110					1 _ YES 2 _ NO
SICIAN: M	DID TOBACCO USE CONTR	KIBUTE TO CAL			H (Check only					
	EXAMINER? 1 VES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: Nursing	Home 5 - Residence	6 Other (Specify)			
DI PUL	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28e. DATE OF I (Month, Day		28b. TIM	URY	WORK?	28d. DEŞCRIBE HOW II	NJURY OCC	URED	
2	3 Suicide 8 Could not be determined	26e. PLACE OF building, e	INJURY — At Itc. (Specify)	home, farm, s	treet, fectory,	office	281. LOCATION (Street a City or Town, Stete)	ind Number o	or Rural R	oute Number,
COMPLE	296. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE						to the cause(s) and men			end manner se stated.
H ا	29b. SIGNATURE AND TITLE OF CERTIFIER	11 8	IN	111)	29c. LICENSE NU	MBER 333	29d. OATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSI	DEATH (IT	EM-27) (Type,	Print)	BARI	mi) a	- 10	10	7/4
	SEP 2 7 1994	M7	S SIGNATURE	el.	<u> </u>	0,0-4	11	7 67	LO	
			R							

MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician.
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BALTIMORE, MARYLAND 21215-0020	Activity. The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	The been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
IVISION OF WITAL RECORDS, P.O. BOX 68760,	A ATTENDING PHENCIAL THE NW INQUITE THE THE CHARLOCATE DE EXECUTED WITHIN	RETUR After the conficer has been signed by the attending physician and completely filled in by the farm than the start Ose, or theath and Mental Higher prior to burial, cremation, or removal.
IQ	TO THE HOSPITAL OR	TO THE FUNERAL DIR be filed within 72 hour

IMPORTANT. If Item 28 is marked that 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BE

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						91	28317
	FOR STATE OF MARYLAN 1 - STATE REGISTRAR	D / DEPART	MENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) WILBUR LAWRENCE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In va	VINC	ENT		2. DATE OF DEATH DO NONTH DO NOTH	3 9	EAR 3. TIME OF DEATH
	217-18-2834 1♥M₂□F 71	rs. last birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 02/11/2:		MIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) St. Agnes Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN	N OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
EC	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LO	CATION			10d, INSIDE CITY
	MD Baltimore	A	rbutus				LIMITS? 1 YES 2 X NO
FUNERAL	5548 Oakland Road			10f. ZIP CODE 21227	-		N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	∑ NO	It yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify		or No 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	ine. Do NOT use	ork done during retired.)	ITION most of working	16b. KIND OF BU	SINESS/INDUST	
MP	10	Tavern	Owner		Self		
BE CO	17. FATHER'S NAME (First, Middle, Last) Lawrence C. Vincent				ME (First, Middle, Meiden Marquardt	Surname)	
2	190. INFORMANT'S NAME (Type/Print) Alice E. Vincent				Poute Number, City or Township Md	n, State, Zip Cod	
	1X Buriel 2 Cremetion 3 Removal from State cemeter	ACE AND DATE OF	F DISPOSITION per place)	(Name of	OATE 20c. LO		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	udon Par	22. NAME	ANO ADDRESS OF FA	CIUTY Ambrose	Ethiore	e, Maryland ral Home, Inc.
	2071	S.	1328	Sulphur S	Spring Rd.	, Arbut	tus, MD 21227
	23. PABY I. Entar tha diseases, or complications that caused the shock, or haart failure. List only one cause on each	e daath. Do no	ot antar tha r	noda of dying, suc	h as cardiac or resp	ratory arrest	Approximata
9	IMMEDIATE CAUSE (Final disease or condition resulting in death)					27	Onset and Death
	DUE TO (OR AS A CO	,	'				
FICATION	Sequentially list conditions, If any, leading to immediate						
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury						
CERTIF	that initiated events resulting in death) LAST	NSEQUENCE OF)					
	PART II. Other significant conditions contributing to death but i	not rasuiting in	tha undariv	ing cause given in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Portal Hypertension				PERFOR	1.7	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: M	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF	DEATH	YES NO	0 0		1 TYES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		26. OTHER:	PLACE OF DEATH (Che	eck only one)		
XS	1 YES 2 NO 1 Inpatient 2 ER/Outpatie	nt 3 🗆 DOA	4 - Nursing H	ome 5 🗆 Residence		÷-	
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26b. TIME INJU	IRY	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	IED
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, st	reet, factory, of	fice	28t. LOCATION (Street of City or Town, State)		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my knowledge of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of examination on the beet of the beet						euse(e) end menner ee stated.

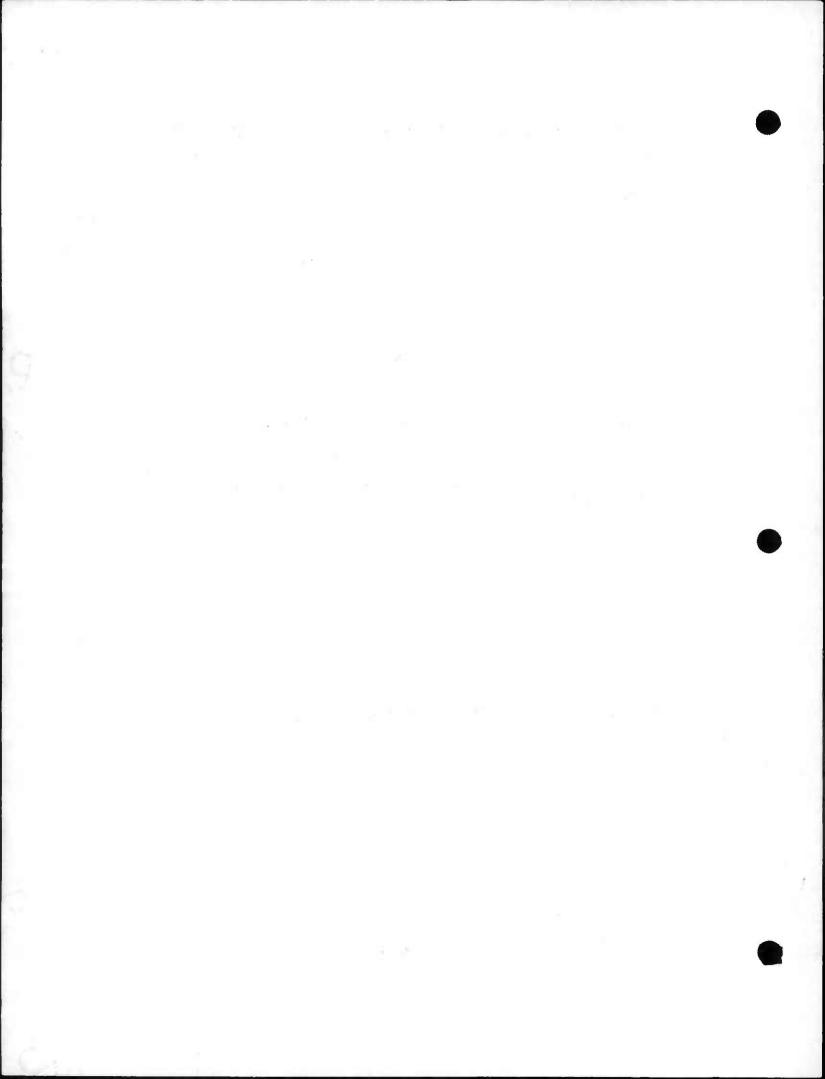
29c. LICENSE NUMBER D42826

29d. DATE SIGNED (Month, Day, Year) 9/23/94

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rober Aci

31. DATE FILED (Month, Day, Year) 9/23/9SEP 27 32. REGISTRAR'S SIGNATURE

Baltimore



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death, Page 6 may be retained by the hospital or attending physician,	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	NT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e executed within	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the interior of the signer death with the State Deot, of Health and Mental Hydiene order to burlal, cremation, or removal	umatic event,
CIAN: The law requires that the death certificate be executed w	ttending physicia	, or other tra
s that the de	afth and Meni	any injury
e law require	has been signed Dept. of He	23 show
SICIAN: Th	certificate	1, or item
DING PHY	After this death with	s marked
ATTEN	Safter	28
L DR	DIRE	Item
SPITA	NERAL hin 72	MT: II

	1 STATE	CTATE OF M	ARYLAND / DEPAR	DTMENT OF	UCAITH AND	MENTAL HVCI	Astr.	
	REGISTRAR	SIMIL OF IM	CERTIF	ICATE OI	DEATH	MENIAL HYGIL REG. N		
	1. DECEDENT'S NAME (First, Middle, Lest) MABEL	Ν.	WET	BOURNE	,	2. DATE OF DEATH MONTH SEPT.	20 199	3. TIME OF DEATH 12:37
	4. SOCIAL SECURITY NUMBER	T	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1/6	BIRTHPLACE (State or Foreign
	220-14-6106	1 🗆 M 2 📈 F	75 YRS.	MONTHS DAYS	HOURS MIN.	2-28-1	919	Country) Md
۱ ـ	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
	1820 N.BENTALO	U STREET		BALTI	MORE			
DIRE	10a. STATE 10b. COUNT	Ψ	Bal	ry, town or loc to	ATION			10d. INSIDE CITY V LIMITS? 1 YES 2 NO
EHAL	100. STREET AND NUMBER			1	O1. ZIP CODE			EN OF WHAT COUNTRY?
FUNE	1820 NBentalou St		EVER IN U.S. ARMED	13. WAS DE	21216	HC ORIGIN? (Specify		S A 4. RACE — American Indian,
	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO	If yes, a		n, Puarto Rican, atc.)		Black, White, atc. Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	(Give kind of	B USUAL OCCUPAT work done during n ise retired.)	TION nost of working	18b. KIND OF	USINESS/INDU	STRY
DE COMPL	17. FATHER'S NAME (First, Middle, Lest) Samuel Needham				Maygie	ME (First, Middle, Maid Pitcher		
0	James Welbourne	, Sr	1820	O N. Ber	italou Sti		to, Md	21216
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cometery, cremetory or c	of Disposition (In Cemete	ery	1	alto, N	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0		ch F/H We			o, Md 21215
\exists	23. PART I. Enter the diseesea, pr	complications that	caused the deeth. Dp	not enter the m	00 Waba	ash Avenu hee cardiac or re	e Balto	o, Md 21215
	shock, or heart failura. iMMEDIATE CAUSE (Final	Liat Dniy Dna caus	e Dn eech line. Sive Arter					interval Between Onset and Dear
	reducing in death)		OR AS A CONSEQUENCE O					
o O	Sequentially list conditions,	b	OR AS A CONSEQUENCE O	PF):				
3	if any, leading to immediate							
L.	cause. Enter UNDERLYING	C						
5 II		C. DUE TO (C	DR AS A CONSEQUENCE O	F):				
CERT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d						
- 11	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d			ng ceuea given in		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d			ng ceuea given in	PERF	ORMED? Ż√XNO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition	d.	leath but npt resulting	in tha underlyl		1 _ YES	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	dna contributing to d	leath but npt resulting	In the underlyle	UNCERTAII	1 _ YES	ORMED? Ż√XNO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIAN: MEDICAL	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	RIBUTE TO CAU	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 □ DOA	In the underlyle	UNCERTAII	PERF 1 □ YES INQU	ORMED? Ż√XNO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHISICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAU	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 □ DOA NJURY 286. TIM	ES NO THER: 4 Nursing Ho	UNCERTAII DUNCERTAII DUNCERTAII	PERF 1 □ YES INQU	ORMED? ★XNO JIRY	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	RIBUTE TO CAU HOSPITAL: 1 Inpatient 2 1 28e. DATE OF IP	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 DOA NJURY (, Year) 28b. TIM INJURY — At home, farm.	ES NO THER: 4 Nursing Ho NURY M 1	UNCERTAII DIVING 5 TRESIDENCE UNITY AT ORK? YES 2 ND	PERF 1 VES INQU 8 Other (Specify)	DAMED? **XNO JIRY INJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease Dr Injury that infitted events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 17. Westural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be determined 29e. CERTIFIER (Check only)	RIBUTE TO CAU HOSPITAL: 1 Inpetient 2 It Month, Day, 28e. PLACE OF building, et	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 DOA NJURY (Year) INJURY — At home, farm, tc. (Specify) ny knowledge, death occurr	In the underlyle ES NO ITH (Check only one OTHER: 4 Nursing Ho BE DF JURY M 1 Street, lactory, off	UNCERTAII D) The 5 Residence UURY AT ORK? YES 2 ND Ice	B Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Town, Sta	DRMED? **XNO JIRY **INJURY OCCU It and Number or e)	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease Dr Injury that infitted events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 17. Westural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be determined 29e. CERTIFIER (Check only)	RIBUTE TO CAU HOSPITAL: 1 Inpetient 2 It Month, Day 28e. PLACE OF building, at ICIAN: To the best of me	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 DOA NJURY (Year) INJURY — At home, farm, tc. (Specify) ny knowledge, death occurr	In the underlyle ES NO ITH (Check only one OTHER: 4 Nursing Ho BURY M 1 Street, lactory, off	UNCERTAII D) The 5 Residence UURY AT ORK? YES 2 ND Ice	8 Other (Specify) 28d. DESCRIBE HON City or Town, Sta	DRMED? **XNO JIRY INJURY OCCU It and Number or tenner as stated and due to the	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and menner as stated.
D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Valetural 2 Accident 3 Sulcide 8 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only one) 27. MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER Aller Age 2	RIBUTE TO CAU HOSPITAL: 1 Inpetient 2 1 28e. DATE OF IP (Month, Day, 10 10 10 10 10 11 11 12 10 10 12 13 14 15 13 14 15 16 14 15 16 16 15 16 16 16 16 16 16 16 17 17 16 16 18 17 18 18 18 18 18 18 19 19 19 19 19 19 19 19	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 DOA NJURY (Year) 28b. TIM INJURY — At home, farm, tc. (Specify) by knowledge, death occurred interesting the companies of the country of the count	In the underlyling the street, lectory, officed at the time, date on, in my opinion,	UNCERTAII) me 5 \$\frac{1}{2}\$ Residence JURY AT ORK? YES 2 \(\square\) ND Idea is and place, and due death occured at the	8 Other (Specify) 281. LOCATION (Simon City or Town, State time, data and place,	JIRY INJURY OCCU It and Number or leanner as stated and due to the	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAU HOSPITAL: 1 Inpetient 2 It 28e. DATE OF IF (Month, Day) 28e. PLACE OF building, et	JSE OF DEATH YI 26. PLACE DF DEA ER/Outpatient 3 DOA NJURY (Year) INJURY — At home, farm, tc. (Specify) Ty knowledge, death occurred interest of the country interest of	In the underlyling the street, lectory, officed at the time, day on, Print)	UNCERTAII DURY AT ORK? YES 2 ND ND ND ND ND ND ND ND ND ND	BER Tingle Tother (Specify) Tother (Specify) The course (a) and retime, data and place, The course (b) and retime, data and place, The course (c) and retime, data and place,	ANNO JIRY INJURY OCCU It and Number or tenner as stated and due to the 29d. DATE: SEP	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, Cause(a) and menner as stated. SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

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DHMH-16 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIEN		
		1. DECEDENT'S NAME (Ajrst, Middle, Last)	and (UISI	18r		2. DATE OF DEATH	Y GEAR	3. TIME OF DEATH
P	200000000000000000000000000000000000000	4. SOCIAL SECURITY NUMBER 220-30-2986	1 🖾 M 2 🗆 F 84	In yrs. last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 0 7 / 0 2 / 1 9	8. BIRTHI Country Mar	PLACE (State or Foreign yland
2, 3 should	OR	90. FACILITY NAME (If not institution, give Meridian Ran		ursing		R LOCATION OF DEAT	тн	9c. COUNTY OF DE Balti	
55	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c. CITY	TOWN OR LOCAT	TION		<u> </u>	404 MOIDS OFT
permit. Pages 1,		Maryland 104. STREET AND NUMBER			altimo	re			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ısit	IERAL	5724 Plainfie	ld Court		101	zip code 212	06	10g. CITIZEN OF W	
IMORE, MARYLAND 21215-0020 Page 6 may be retained by the hospital or attending physician. Il director, page 5 should be detached for use as the burial-transit ner must be notified at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuben, Mexicen, 2 NO Specify:		Black, Specifi	- American Indian, White, etc.
1215-0 attending use as the	ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S U	ISUAL OCCUPATION done during mo	ON .	16b. KIND OF BUS	SINESS/INDUSTRY	11100
YLAND 21. by the hospital or be detached for u at once.	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Engin	retired.)	st or working		Hopkins	
YLAND S by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Malden	niversit	V
RYL ed by	BE (Wisner			Charle		arnes	
MAR retained 5 should notified	5	190. INFORMANT'S NAME (Type/Print)	Davile			and Number or Rural Rou			000
AE,		Catherine Di	206	PLACE AND DATE OF		Lane, A		CATION — City or Tow	009
MOF ge 6 rr irector,		1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	noval from State cam	etery, cremetory or oth	r cemet	ery			Maryland
BALTIMORE, after death. Page 6 may be noval. cal examiner must be		21. SIGNATURE OF FUNERAL SERVICE U	CENSEE			DADDRESS OF FACIL		Homo	24244
0 = 0	Щ	hehou	1 Carpen	ter	3631	Falls R	oad Balt	imore.M	21211 aryland
nours ad In to or rei		23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications that ceused. List only one ceuse on ea	tha death. Do no	et entar tha mo	da of dylng, auch a			Approximata Intarval Between Onset and Death
r60, ed within 24 ompletely fills i, cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF)		•			
DX 68 be execute clan and cl or to buria	RTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bOUE TO (OR AS A	CONSEQUENCE OF)	λ				
certific nding pl Hygiene	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
그 등 등 등	귛	PART II. Other algnificant condition	na contributing to death bu	ut not resulting in	the underlying	cause given in Pa	rt I. 24a. WAS AN		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
O = 8 = 8	MEDIC	Chione	- Olive	wet			1 TES 2		COMPLETION DF CAUSE OF DEATH?
			Tulmo	nont	D	0000	-	-	1 UYES 2 0
IAL The lar ite has ate Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 0		ACE OF DEATH (Check	only one)		
CtAN:	İ	1 YES 2 NO	1 Inpatient 2 ER/Output 28e. DATE OF INJURY	atient 3 DOA	-	e 5 🗆 Rasidence 8 (
NG PHYS fter this eath with	ву РНУ	1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME INJU	RY WO	PK?	ed. OESCRIBE HOW II	NJURY OCCURED	
TSTENDI VITENDI CTOR: A after de	ETED 8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, att	eet, factory, office	2	81. LOCATION (Street a City or Town, State)	and Number or Rural Ro	oute Number,
4 4 2 E			ICIAN: To the beet of my knowle						
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL	2 MEDICAL EXAMIN	ER: On the beals of examination	end/or inveatigation,	In my opinion, d	nath occured at the tirr	se, date and place, an	d due to the ceuse(s)	and menner ea stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	61 Les	. Re	M.A	29c. LICENSE NUMBE	80	29d. DATE SIGNED	Month, Day Year)
		30. NAME AND AMORES OF PERSON W	7 7 Pa	ATH (ITEM 27) (Type, F	Print)	lila	Ane	21	215
		SEP 2 7 1994	32. REGISTRAR'S SIGNA	ATURE COLLEGE		9	•	-	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explored the float. Page 6 may be retained by the busician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	ETHEL B	. WARREN				09 24		8:15 A.M. M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign					
	244-22-6949	1 □ M 2 □χF	71 YRS.	NTHE DAYS	HOURS MIN.			NORTH CAROLIN					
_	9a. FACILITY NAME (If not institution, give		91		R LOCATION OF D		9c. COUNTY OF	DEATH					
DIRECTOR	1315 MORLING A	VENUE		BA	ALTIMORE	<u> </u>							
E	10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION	ON			10d. INSIDE CITY					
	MARYLAND			BALT	IMORE			LIMITS? 1 YES 2 NO					
IAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
FUNERAL	1315 MORLING				21211		US	SA					
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	It yes, spec	offy Cuban, Maxic	NIC ORIGIN? (Specify Yaz an, Puerto Rican, atc.)	or No 14. RAC Bla	CE — American Indian, ck, White, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 X NO Specif	ly:	Spe	ctty: WHITE					
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION	18a. DECEDENT'S US			16b. KIND OF BUS	SINESS/INDUSTRY	WILLE					
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use re	/	t of working								
MP	11TH		WAITE	RESS		NIGH	T CLUBS						
	17. FATNER'S NAME (First, Middle, Last)	T				ME (First, Middle, Maiden	Surname)						
BE	EUGENE WARREN 19a. INFORMANT'S NAME (Type/Print)					MAGGIE							
유	ETHEL WARREN					Route Number, City or Tow		AND 21211					
	20a. METNOO OF DISPOSITION	201	. PLACE AND DATE OF				CATION City or 1						
	1 Donation 5 Other (Specify)		netery, crematory or other GREEN MOUN		rery 0/			MARYLAND					
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22, NAME AND	ADDRESS OF FA	CILITY							
	M. Glas	· Deit	YI	1		Z, JR. FUN							
	23. PART I. Enter the diseases, or complications that ocused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	ahock, or hasn't fallure. List only one cause on each line. Interval Between Onset and Beath												
	disease or condition a Carcinomo of the rectum												
	DUE TO (OR AS A CONSEQUENCE OF):												
N O	Sequentially list conditions,												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	if any, leading to immediate											
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):										
FE	resulting in death) LAST	d											
	PART il. Other aignificant condition	ns contributing to death t	out not resulting in t	he underlying	cause given in	Part I. 24a. WAS AN	AUTORSV 24	b. WERE AUTOPSY FINDINGS					
CAL		_	,		out of grant in	PERFOR	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC						1 TYES 2	□ NO	OF DEATN?					
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH YE	S NC			1 TYES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (C/	neck only one)							
VSI	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER: Nursing Nome	5 🗆 Rasidence	8 Other (Specify)							
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU WOR	RY AT	28d. DEŞCRIBE NOW I	NJURY OCCURED						
B	2 Accident Investigation				S 2 NO								
ETED.	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Spec	— At home, term, atrecify)	et, factory, offica		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,					
	29a. CERTIFIER												
COMPL	(Check only CERTIFYING PNYS	ICIAN: To the best of my know ER: On the bests of examination											
	29b. SIGNATURE AND TITLE OF CERTIFIE		ii anazor arveanganon, i	ir my opinion, de									
B	Sledi				29c. LICENSE NU		29d. OATE SIGNE	O (Month, Day, Year)					
유	30. NAME AND ADDRESS OF PERSON WIN		ATN (ITEM 27) (Type, Pri	nt)	2 3,0		T, day	1,4					
	Dr. Shediak	201 E. Uni	versity Pa	rkway,	Baltimo	re, Maryla	nd 21218	3					
	31. OATE FILED SEP 2 7 1994						···						
	OE1 10 1 100	0											

		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE		
		1. DECEOENT'S NAME (First, Middle, Last) LEROY	WALTER		WE	L, JR.	2. DATE OF DEATH MONTH SEPT	21 2	year 7:40 Pw
P		4. SOCIAL SECURITY NUMBER 705-14-0400	1 💢 M 2 🗆 F	In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 28,	8	B. BIRTHPLACE (State or Foreign Country) Maryland
2, 3 should	TOR	9e. FACILITY NAME (If not institution, give : 9609 WESTCOTT			96. CITY, TOWN	HALL	EATH		Y OF DEATH IMORE COUNTY
permit. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland	y Baltimore	10c. CIT	Y, TOWN OR LOCA	timore	····		10d. INSIDE CITY LIMITS? 1 YES 2 🕺 NO
Sign	FUNERAL	100. STREET AND NUMBER 9609 Westcott Wa	ay			z. ZIP CODE	-		EN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X X YES IF YES, GIVE WAR OR DA World W	ATES	If yes, sp	CENDENT OF HISPAI ecity Cuban, Mexico NO Specific	NIC ORIGIN? (Specify) an, Puerto Rican, etc.) y:	'as or No 14	4. RACE — American Indian, Black, White, atc. Specify: White
	COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A	Cation ocompleted) College (1-4 or 5+) N/A	16a. OECEDENT'S (Give kind of the Do NOT us Salesm		ON sst of working		tlo Co.	STRY
MARYLAND 21 retained by the hospital or 5 should be detached for u	BE COM	17. FATHER'S NAME (First, Middle, Last) LeRoy W. Weil,		Jazon			ME (First, Middle, Maide	en Sumame)	
E, MAR y be retained page 5 should be notitied	TO B		(wife)				Route Number City or R Baltimore		21236
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20e. METHOD OF DISPOSITION 1	cem	PLACE AND DATE of the elery, crematory or or or or or or or or or or or or or	of disposition (Ne	atory	9/23 Ba		e, Maryland
BALTIMORE, rs after death. Page 6 may be n by the funeral director, page removal. edical examiner must be a		· Willen	19/		Schim 9705 1	Belair Ro	eral Homes d., Baltin	nore, M	D 21236
in the med		23. PART i. Enter the diseases, or shock, or heer failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	e	the deeth. Do i	nda .		and a cardiec or real		intervel Between
P.O. BOX 68 ath certificate be execute trending physician and call Hygiene prior to burial Hygiene prior to burial or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	CONSEQUENCE OF					
RECORDS, requires that the deat been signed by the attent. I. of Health and Mental shows any injury,	MEDICAL	PART ii. Other significant condition	ns contributing to deeth bu	ut not resulting	in the underlying	g ceuse given in	Part i. 24s. WAS A PERFO	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\subseteq \) NO
VITAL RANN: The law restricted that been state Dept. or item 23 statem 24 statem 25 st	CIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE	TH (Check only one)] UNCERTAI	N 🗆		
OF VI	PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet	28b. TIM	E OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED)
SION THE PROPERTY OF THE PROPE	ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be datermined	29s. PLACE OF INJURY building, etc. (Speci	(Y)	ntreet, factory, offic		281. LOCATION (Street	t and Number or	Rural Route Number,
OR S	COMPLET		CIAN: To the best of my knowledge.						
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	BE CO	294. SIGNATURE AND TITLE OF CERTIFIES		A D	en, in my opinion, d	29c. LICENSE NUI	WBER	29d. DATE S	SIGNED (Month, Day, Year)
P P 3 W	10	39. NAME AND ADDRESS OF PERSON WHO	O COMPLETED GAUSE OF DEA			O.C.M			PT 22,1994 yland 21201
		31. DATE FILED (Month, Day, 16ar) SEP 2 7 1994	32. REGISTRAR'S SIGNA	ATURE		.ccc, bi	AT CIMOL C	, Hat	7 1 2 1 2 1 2 1 2 1

TO THE HOSPITAL, OR A TENDENT The law requires that the death certificate be executed within 2-c hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECT AND THE CONTROL OF THE ATTENDING PHYSICIAN AND COMPRIENT FOR THE FUNERAL DIRECT AND AND THE ATTENDING THE ATTENDING PROPERTY. It is a state that have any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** F VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE PEGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENTIL	ICATE	: UF	DEAL		REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Lest) EVELYN			WHI	TE				2. DATE OF OEATH	2°199	4 YEAR	3. TIME OF DEATH 1:00 am		
	4. SOCIAL SECURITY NUMBER 216-12-5349	5. SEX	6. AGE (In yrs. les	yns,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/18/1	4	Count	IPLACE (State or Foreign ny) aryland		
	9e. FACILITY NAME (If not institution, give			9b. CITY,	TOWN C	OR LOCATION	ON OF DEA	тн	9c. COL	JNTY OF D	EATH			
뜅	Saint Joseph Hosp	oital				Tow	son,	Maryl	and		Baltir	nore		
DIRECTOR	RESIDENCE OF DECEDENT													
뿐	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN										10d. INSIDE CITY LIMITS?			
										nds				
₹	10e. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WI							
ÿ I	3007 Delaware Ave	T					2122				.S.A			
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF		13. V	MAS DEC	ENDENT C	F HISPANIC n, Mexican,	C ORIGIN? (Specify Your Puerto Rican, etc.)	e or No-	14, RACI Bleci	E — Americen Indien, k, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE V	VAR OR DATES		1	YES	2 X NO	Specify:	•		Spec	ffy:		
	15, OECEDENT'S EDI	JCATION	18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BI	ISINESS/IN	DUSTRY	white		
COMPLETED	(Specify only highest grad Elementary/Secondery (0-12)	completed) College (1-4 or 5	(G	ive kind of a Do NOT us	work done a	turing mo	st of workin	g	102113110 01 01	01112007111				
4	8	College (Ind Of 3		Home	maker	2			Se	lf				
O	17. FATHER'S NAME (First, Middle, Last)		-				18. MOTH	IER'S NAM	E (First, Middle, Maide	n Surname)				
BE C	Edward Engles						(Clara	Sims					
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRESS	(Street e	nd Number	or Rural Ro	ute Number, City or To	wn, State, Z	ip Code)			
2	Doris Burton											ds, MD 21227		
	20a METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Ren		20b. PLACE	AND DATE	OF DISPOSI	ITION /Na	me of		DATE 20c. L	DCATION -	- City or To	wn, State		
	4 Donetion 5 Other (Specify)		cernetary, cre Meado	matory or o	ge Me	emor	ial 1	Park	9/26 Do	rsey,	Mar	yland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES		0	22. 1	NAME AN	O ADORES	SS OF FACE	un Ambros	e Fun	eral	Home, Inc.		
	The of	T	<u> </u>	8	13	328	Sulpl	hur S	Spring Rd	, Ar	butu	s, MD 21227		
4	disesse or condition LIEMODDLAGIC CHOCK 7DAVC													
	OUE TO (OR AS A CONSEQUENCE OF):													
N	Sequentielly list conditione, DETO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	RENALF		DUENCE OI	F):							- 5446		
윤	CAUSE (Disease or Injury thet initiated events		(OR AS A CONSE	DUENCE OI	F):							2 DAYS		
臣	resulting in deeth) LAST	4			,									
뜅		d												
EDICAL	PART II. Other eignificent condition	ns contributing to	deeth but not i	eeulting	In the un	derlying	g ceuse g	Iven in P	art i. 24a. WAS A	NAUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						<u> </u>			1 _ YES	2 NO		OF OEATH?		
Σ							-		_			1 TES 2 NO		
ž I	DID TOBACCO USE CONT	RIBUTE TO CA					UNC	ERTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	28. PLAC	E OF OEAT	OTHER									
YSI	1 TYES 2 NO	1 / Inpatient 2		□ DOA			• 5 □ Re	sidence 8	Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIM INJ	E OF URY M		URY AT RK? 'ES 2		28d. DEŞCRIBE HOW	INJURY OC	CUREO			
ED	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm, s	street, lacto	ory, office)	2	281. LOCATION (Street City or Town, State	and Numbe	er or Rural F	Route Number,		
COMPLET	290. CENTREER , CERTIFYING DAYS	ICIAN: To the best of	ma kanada da a da	-4	4 -4 44 44		07=	10 1000						
₽ I) end menner ee atated.		
8	296, SIGNATURE AND TITLE OF CERTIFIE													
TO BE	Val 100	L MD					03	231	9	29d. DA		(Month, Day, Year)		
	RAYMOND PLACK	M.D.,3449	WILKEN	3 AV	Print) E.,BA	LTIM	ORE,	MD,21	229		,			
	31. SEP 27 1994	32. REGISTRA	R'S SIGNATURE											

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	JOHN	CARSON	WALKER.	Jr.		September	²² , 199	EAR / CP				
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
	212-09-9121	1 X M 2 - F	85 YRS.	MONTHS DAYS	HOURS MIN.	March 01, 1		Country) Tennessee				
	9s. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN C	R LOCATION OF DE			Y OF DEATH				
DIRECTOR	Long Green Nursing Home Baltimore City											
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
	Maryland			Baltimo	ore City			1 X YES 2 NO				
 ₹	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
FUNERAL	1706 E. 33rd. St				2121			U.S.A.				
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	13. WAS DEC It yes, spe	ENDENT OF NISPAN ecify Cuben, Mexical	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No- 14	I. RACE — American Indian, Black, White, etc.				
₽	3 Wildowed 4 Divorced	IF YES, GIVE V		1 🗆 YES	2 X NO Specify	r:	Specify: White					
9	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF BU	JSINESS/INDUS					
	Elementary/Secondary (0-12)	College (1-4 or 5	He. Do NOT u	se retired.)	SI OF WORKING							
COMPLETED		3 year	s Busine	ss Manag		Tidewa		olisher				
8	17. FATNER'S NAME (First, Middle, Last)	1 0				ME (First, Middle, Maider	n Surname)					
BE	John Carson Wal	ker, Sr.			Daisy							
2	190. INFORMANT'S NAME (Type/Print)					Route Number, City or To		·				
= '	Martha Walker Vi	nt				ltimore, l						
2	1V Burisi 2 Cremetion 3V Ren	novel from State	20b. PLACE AND DATE competery, cremetory or co Grandviev				LOCATION — City or Town, State					
5	21. SIGNATURE OF FUNERAL SURVICE L		- I Grandviev	7	D ADDRESS OF FA		yville	, Tennessee				
TO BE COM	George J. Ferrarse Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.											
	shock, or heert fallure. List only one ceuse on each line. interval Between iMMEDIATE CAUSE (Final Onset and Death											
	resulting in death)	DUE TO	(OR AS A CONSEQUENCE O	F):		ngares	9	Constant of				
	disease or condition resulting in death) a. Coult Myocardial Impart Instat Due to (OR AS A CONSEQUENCE OF): Sequentielly list conditions, b. Output Sequentielly list conditions,											
TIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
2 2	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEQUENCE O	E).								
	that initiated events resulting in death) LAST		THE REPORT OF THE PARTY OF THE					İ				
CER		d										
OICAL CE	PART II. Other significant condition	ns contributing to	death but not resulting	In the underlying	ceuse given in	Part I. 24a. WAS AI	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	_ Diabete	s me	aletus			1 YES		COMPLETION OF CAUSE OF DEATH?				
ME							(1 TES 2/ NO				
PHYSICIAN: MEI	DID TOBACCO USE	CONTRIBUT	E TO CAUSE O	F DEATH	YES NO							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	eck only one)						
IYSICI	1 VES 2 NO	1 Inpatient 2	ER/Outpetlent 3 DOA	Nursing Hom		8 Other (Specify)						
	27. MANNER OF DEATN 1 Pending	28e. DATE OF (Month, E		JURY WO	RK?	28d. DESCRIBE NOW	INJURY OCCU	RED				
BY	2 Accident Investigation	28a PLACE C	PF INJURY — At home, term,		rES 2 NO	nes i nontinu (non		2 / 2 / 4 /				
TED	3 Suicide 6 Could not be 4 Homicide datermined	building,	etc. (Specify)	street, factory, office	·	26t, LOCATION (Street City or Town, State	and Number or	Hurai Houte Number,				
ZE	290. CERTIFIER 1- CERTIFYING PHYS	SICIAN: To the best of	my knowledge, death occurr	ed at the time date	and place and du-	to the causalet and	enner se ciata i					
D BE COMPLETED	31							cause(s) and manner ee stated.				
BEC	29b, SIGNATURE AND TITLE OF CERTIFIE	R 24 0	- N	10	29c. LICENSE NUM	MBER	29d. DATE S	SIGNED (Month, Day, Year)				
8	natta n.	my	20		D/20	39	15 E	T 23, 1994				
5	30. NAME AND ADDRESS OF PERSON WI							1 (1. () -)				
	Walter R. Welza	nt M.D.	7600 Osler	Drive To	owson. Ma	arvland						
19	31. SEP 2 (M97117 1994)	A WHITE	FUNDANIQRE									
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permit. Pages 1, 2, 3 should ter death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit i once. te notified 9 must examiner executed within 14 hours after death. filled in by the fion, or removal. medical other traumatic event, the cremation. completely burial. and prior to ě requires that the death certificate 6 the attent Injury, signed by the 23 shows any has been Dept. Item ; certificate State the 9 this c Is marked, death v DIRECTOR: After the hours after death 28 item 98 TO THE HOSPITAL TO THE FUNERAL DE FILED WITHIN 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DARIEN THOMAS WHITE SEPTEMBER 994 12:03 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH JUME 26,1983 unknown 1 M 2 F 11 DAYS HOURS MARYLAND YRS 9e. FACILITY NAME (If not institution, give street and number) 9b CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR n/a THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY n/a MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? ROGERS AVENUE 1708 UNITED STATES 21209 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1XXYES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5 +) 6th N/A N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) CHARLES WHITE BROWN MONICA BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
5906 ST. REGIS ROAD, BALTIMORE, MARYLAND #06 2 MONICA BROWN 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 \$\overline{Q}\$ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Greenmount Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Maren MARCH FH.-1101 E. NORTH AVENUE, BALTO., MD 23. PART i. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory strast, Approximate ehock, or haert failure. List only one ceuse on each lins. interval Between IMMEDIATE CAUSE (Finsi **Onset and Death** diseese or condition Ischenic Brain resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Marina Water to Contin CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 11-CZ QUADRIPLEQIC 1 | YES 2 OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | YES 2 Inpatient 2 - ER/Outpatient 3 - DOA 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 194 PH Netural 5 Pending Investigation 1 YES BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 28f. LOCATION (Str 8 Could not be COMPLETED Rebogintet 4 Homicide 29e. CERTIFYING PHYSICIAN: To the beat of n (Check only one) 2 MEDICAL EXAMINER: On the end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. OATE SYGNED (Month, Day, Year) M 536 9/4 199 LIPSCOMB M 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TUP, SCORUS 32 BEGISTRAR'S GNATURE



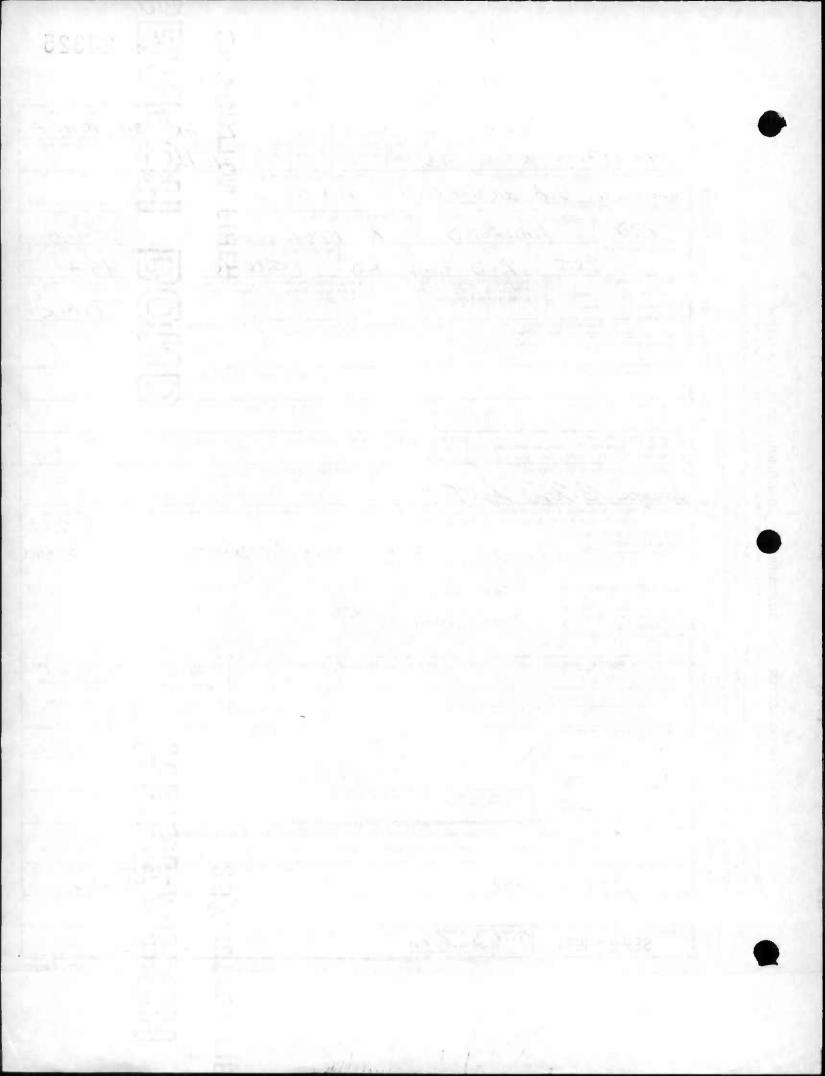
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Deut. of Health and Mental Houlete order to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		DE/	G NO		
1. DECEDENT'S NAME (First, Middle, Lest)	James JAMS		ters	rs	2. DATE OF DE	ATP -14-9	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 177-147570	1 M 2 🗆 F	GE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give BALTIMONE RESIDENCE OF DECEDENT		e Cann		HUTIMUS		9c. COUNTY	of DEATH	
10a. STATE 10b. COUNT	HARFOR		Y, TOWN OR LOCA	DGONO.	00		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	Red	Buo	RO		1040	a and	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	If yes, s	CENDENT OF HISPA Hecify Cuban, Mexic 3 2 NO Speci	an, Puarto Rican, e		. RACE — American Indian, Black, White, atc. Specify: BLACK	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b, KIND	OF BUSINESS/INDUS		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,	Maiden Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, Zip Co	ode)	
21. SIGNATURE OF FUNERAL SERVICE L 22. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	complications that cau List only one ceuse of	sed the deeth. Do n	655W	ode of dying, suc	StanoreSt,	, Balto , M r respiratory arrea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	S A CONSEQUENCE OF	F):					
PART II. Other significent condition	ns contributing to desti	h but not resulting I	in the underlylr	g cause given ir	F	MAS AN AUTOPSY PERFORMED? "YES 2 NO	24b. WERE AUTOPSY FINDIN- AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)			
1 PYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. DATE OF INJUI (Month, Day, Yea	TY 28b, TIM	4 Nursing Hor E OF 28c. IN URY	IURY AT DRK? YES 2 NO	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
2 Accident investigation 3 Suicide 8 Could not be 4 Hemicide determined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					(Street and Number or n, State)	Number or Rural Route Number,	
11	SICIAN: To the best of my kr						ause(s) and manner as stated.	
	en MO			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)	
30. NAME AND DDRESS OF PERSON W 31. DATE FILEO (Month, Day, Year)	₽2. REGISTRAR'S SI		Print)			TE.		
SEP 2 7 1994	22. REGISTRAR'S S	rhadatt .						



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

For DY, SHAVERS

REGISTRAR'S SIGNATURE Sinden-

HOCKA MD

use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. ō detached 8 retained by filled in by the funeral director, page 5 should þe nours after death. Page 6 may cremation, or removal. WITT completely executed to burial, attending physician and 8 Mental Hygiene prior the death certificate signed by the a Health and Men HOSPITAL OR ATTENDING PHYSICIAN; The law requires that been of Dept. certificate has State the . this c DIRECTOR: After the hours after death vitem 28 is mark TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 45 PM MAE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 053-52-2257 2/13/10 1 🗌 M 2 📉 84 YRS. VA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6805 East Ridge Road 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HID IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 11 yes, specify Cuban, Mexican, Puarto Rican, atc.)
1 YES 2 No Specify: ВУ 3 Wildowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high , orny hig College (1-4 or 5+) Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sonny Spencer BE Lucy Spencer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Thomas 6805 East Ridge Rd. Balto., MD 21207 20a, METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Western Star Ceme. 9/29/94 Catonsville, 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Albert P. Wylie F/H PA 638 N. Gilmor St., Balto. MD23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Hist only one cause on each line. Approximate Intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) CERTIFICATION Sequantially list conditiona, TO (OR AS A CONSEQUENCE If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avanta resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, 1erm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number of Rural Route Number, City of Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. (Check only MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

900

DHMH-16 Rev 1/89

29d. DATE SIGNED (NO

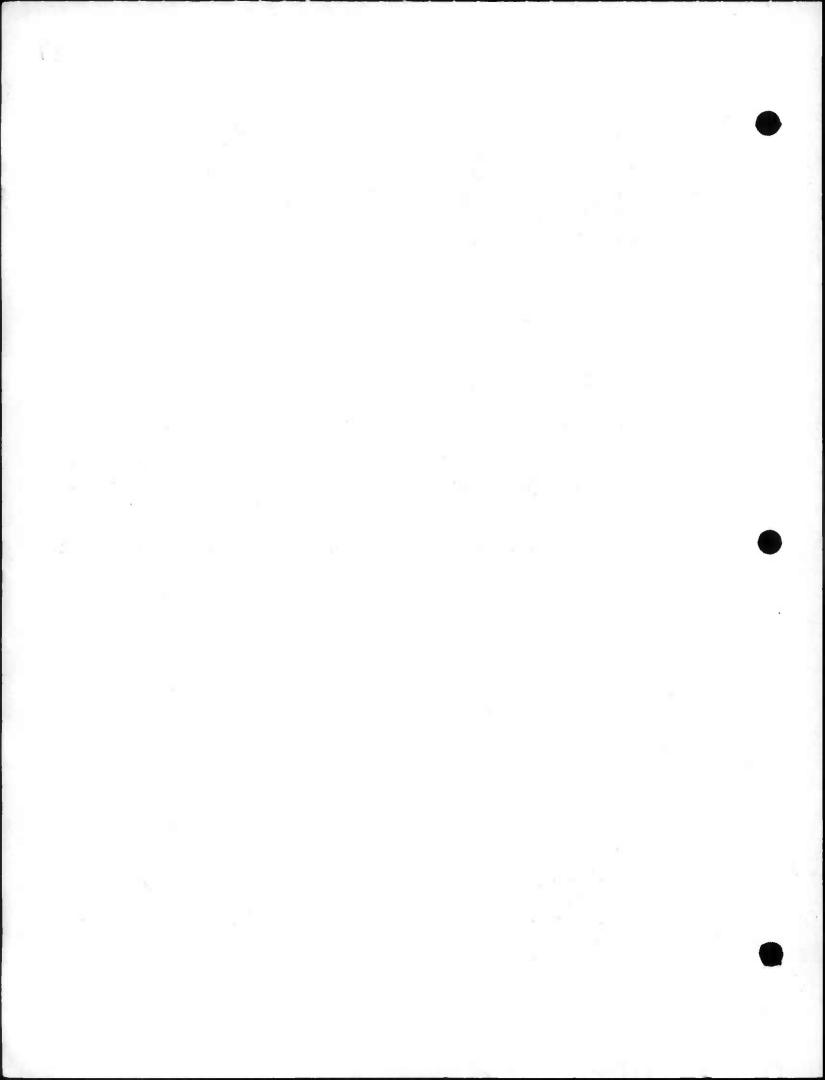
BALTIMORE, MARYLAND 21215-0020

WITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTROME. HE LAW THE LAW TO THE LAW requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the marked for use as the bunal-transit permit. Pages 1, 2, 3 should be the marked for use as the bunal-transit permit. Pages 1, 2, 3 should be the marked for use as the bunal-transit permit. Pages 1, 2, 3 should be the marked for use as the bunal-transit permit. Pages 1, 2, 3 should be the marked for use as the bunal-transit permit. Pages 1, 2, 3 should be the marked for use as the bunal-transit permit. Pages 1, 2, 3 should be the page 1, 2, 3 should be the page 2, 2, 3 should be the page 2, 3 should be the page 3, 3 should be the pa

FOR 1 - STATE

							DEAL			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ALDA M ZUKOL	WSKI							2. DATE OF I	DEATH DA	Y	YEAR 94	3. TIME OF DEATH / 723 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	-	IF UNDER		7. DATE OF E			8. BIRTHE	PLACE (State or Foreign
i	022-01-9307	1 □ M 2 □ F	74	YRS.	MONTHS						101	Country	· 1
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, T	O MWO	R LOCATIO	ON OF OE	TH TH	aryzi	9c. COU	NTY OF DE	ssachusetts
R	Frederiick Memo	rial Hosn	ita1			Fre	ederi	cle			Frederick		
5	Frederick Memor		1001					LCK				rece	LICK
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?
	Massachusetts	Middlese	X	<u></u>			Sh	<u>nirle</u>	ey .			1 X YES 2 NO	
¥	100. STREET AND NUMBER				10f. ZIP CODE						10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL		reat Road						014	64			U.S	.A.
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. W	S DECE	ENDENT O	F HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE Black	- American Indian, White, stc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		10	YES	2. NO	Specify:	, , , , , , , , , , , , , , , , , , , ,	,,		Specify	r:
	15. DECEDENT'S EDUC	CATION	40. 95										White
COMPLETED	(Specify only highest grade	completed)	(G	ive kind of w	OSUAL OCC	ring mos	n t of workin	g	18b. KIN	D OF BUS	INESS/INI	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			Binde	220				- t - L -			
N N	1.7. FATHER'S NAME (First, Middle, Last)			DOOK	DIHOE	ar St	40 11074	15010 1141		rinti			
	17. TATTET S TAME (First, Middle, List)	Joseph M	ilot.				18. MUT	Dori	IE (First, Middl	e, maiden Ricai	,		
BE	19s. INFORMANT'S NAME (Type/Print)	- CODEDIT II		MAHINO	A CORPECC (Ct-size o	4.46						
2	Edward Zuko	owelsi							oute Number, (
	20a. METHOD OF DISPOSITION	DWBKI	20b. PLACE	_				ттеу	,Mass			City or Tow	
	1 Surial 2 Cremetion 3 Remo	oval from State	cametery, cre	matory or ot	her placa)				OATE				1000
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	L ST.	Antho	ny ts			SS OF FAC	u rrv	Shi	ley.	Mass	achusetts
	21/11/1	Open	01_		22.10	WILL PUT	DADDRES	33 OF FAC		czul1	o Fu	inera:	1 Service
	micrael 1.	marzu	14		398	31Ca	rrol	1ton	Road	Uppe	erco,	Marv	land 21155
	23. PART I. Enter the diseases, or contended in the conte	List only one caus	e on each line	EK 07	16 (Approximate Interval Between Onaet and Deeth
2	Sequentially list conditions,	b	OR AS A CONSEC										
9	if any, leading to immediate												
CATIO	CAUSE (Disease or Injury C												+
IFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	DUE TO (thet initiated events DUE TO (OR AS A CONSEQUENCE OF):									1	
ERTIFICATIO	CAUSE (Diseese or Injury	DUE TO (
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	s	foreth had a st	lat I	- 44 4	4.1			V				
	CAUSE (Diseese or injury thet initiated events	s	leath but not r	eculting I	n tha unde	erlying	ceuae g	given in F	Part i. 244	. WAS AN			WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	s	death but not r	eculting I	n tha undo	erlying	ceuae g	given in F			WED?		
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions	e contributing to a					A Control			PERFOR	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE C	e contributing to a					A Council	NO		PERFOR	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

_	REGISTHAR		CEI	411FF	CALE	OF L	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MILT	ON BRAN	TLEY					2. DATE OF MONTH SEPT	DEATH DA	199	4 YEAR	3. TIME OF DEATH 02:50 A M
	4. SOCIAL SECURITY NUMBER 216–74–2001		AGE (In yrs. last bi		IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	OWN OR	LOCATION OF DE			9c. COU	INTY OF DI	
DIRECTOR	700 BLK.E.PRES	TON ST.			BAI	LTI	MORE				n/a	l
	MARYLAND 106. COUNTY 107.			10c. CITY,	BAL		MORE				10d. INSIDE CITY LIMITS? XX YES 2 NO	
FUNERAL	730 E. PR	ESTON S	TREET			101. 2	21202			10g. CIT UN]	TED	STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARME YES XIXINO OR DATES	ED	If ye	ea, spec	NDENT OF HISPAN Ify Cuban, Maxican (A) XIO Specify	, Puarto Rica	pecify Yes n, atc.)	or No—	14. RACE Black Specif	- American Indian, t, Whita, atc.
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	18a. DECE (Give	DENT'S U	ISUAL OCCL ork done duri retired.)	JPATION ing most	of working	16b, KII	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		BOR					n/	a		
BE CO	17. FATHER'S NAME (First, Middle, Lest) RAYMOND B	RANTLEY	SR.				18. MOTHER'S NAI GER	TRUDE		Sumame) ADE		
5	19a. INFORMANT'S NAME (Type/Print) MARILYN B	RANTLEY	19b. h	016	ADDRESS (S	MOR	A AVE	NUE,	BAL	State, Zi	RE,	MD 21213
	20e. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Aurial 2 \(\tilde{\Delta} \) Cremetion 3 \(\tilde{\Delta} \) Remit 4 \(\tilde{\Delta} \) Donation 5 \(\tilde{\Delta} \) Other (Specify)	oval from State	20b. PLACE AND	DATEO	R PECO SITIO			9 - 29			City or Ton	
ļ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. – 1101 E. NORTH AV								NORTH AVE.			
CERTIFICATION	23. PART I. Enter the diseases, procedure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury the initiated events	e. DUE TO (OR	AS A CONSEQUE	INCE OF)	Shel		son dying, such	S .	or reapi	atory ar	reat,	Approximete interval Between Onset and Deeth
CERT	raeulting in death) LAST	d										
MEDICAL	PART II. Other algorificant condition							_ 1	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\text{NO} \) NO
Ä	DID TOBACCO USE CONTI	RIBUTE TO CAUS	28. PLACE C				UNCERTAIN					
딣┃	EXAMINER?	HOSPITAL:			OTHER:		5 Realdence	.V.		ON S	TRE	
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,	URY 2	8b. TIME	OF 28	c. INJUR	RY AT	28d. DESCRI	77			-
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	JURY At home.	, tarm, str	2		3 2/XNO	28f. LOCATIO	N (Street a	nd Number	or Rural R	loute Number,
	200 CERTIFIER			21	Kec			100 %	EE	. / L	6) F	N37
COMPLET	(Check only	CIAN: To the best of my R: On the basis of exam										and manner as stated.
BEC	296. SHONATURE AND TITLE OF CERTIFIER					7	P9c. LICENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2		70	~				OCME			SE	PT.2	25,1994
	30. HAME AND ADDRESS DE REDBERT WIT	COMPLÉTED CAUSE O				ree	t, Bal	timor	e. I	darv	land	1 21201
	SEP 2 8 1994	A 12. REGISTRAN'S	SIGNATURE							,		

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Item 1, g-715,9-28-94, per F.H., dr FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RICHARD BLACKMAN VEAG Richard Blackmon SEPT 9 · 50P A SOCIAL SECURITY NUMBER 5. SE) 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) or Foreign IF UNDER 24 HRS. 8. BIRTHPLACE (Sta 213 68-91 HOURS 1 M 2 MIN. permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR PATTERSON PARK AVE. & MONTIMENT CT BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 40 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben_Mexican, Puerto R IF YES, GIVE WAR OR DATES 1 YES 2 NO BY 3 Widowed 4 Divorced Huercem ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.), 16b. KIND OF BUSINESS/INDUST rurs after death. Page 6 may be retained by the hospital or an for College (1-4 or 5+) COMPL UNEMDI detac once C funeral director, page 5 should be notified at 19b. MAILING ADDRESS 2 nec must be METHOD OF DISPOS 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -4 D De the medical examiner 22. NAME AND ADDRESS OF FACILITY DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. the diseases, o complications that caused the death. Do not entar the Approximata shock, or haert felly . List only one cause on each Interval Betw IMMEDIATE CAUSE (Finel Onset and Death disease or condition reculting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with QUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuee given in Pert I. MEDICAL 24a, WAS AN AUTOPSY 245. WERE ALITOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any YES 2 | NO XYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO OTHER Inpatient 2 - ER/Outpatient 3 - DOA 6 COther (Specify) Nursing Home 5 - Raeldence marked, or STREET 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW IN HIR 19 Natural 1 YES В 2 Accident PLACE OF INJURY -28 is ferm, street, factory, office 28f. LOCATION (S Sulcide COMPLETED S Could not be STEET datarmined TO THE HOSPITAL DR ATTO THE FUNERAL DIRECTED TO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2! 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) 25 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29h SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year)

O.C.M.E

Penn Street, Baltimore, Maryland 21201

08/94

SEPT

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31. DATE FILED (MOOTH)

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

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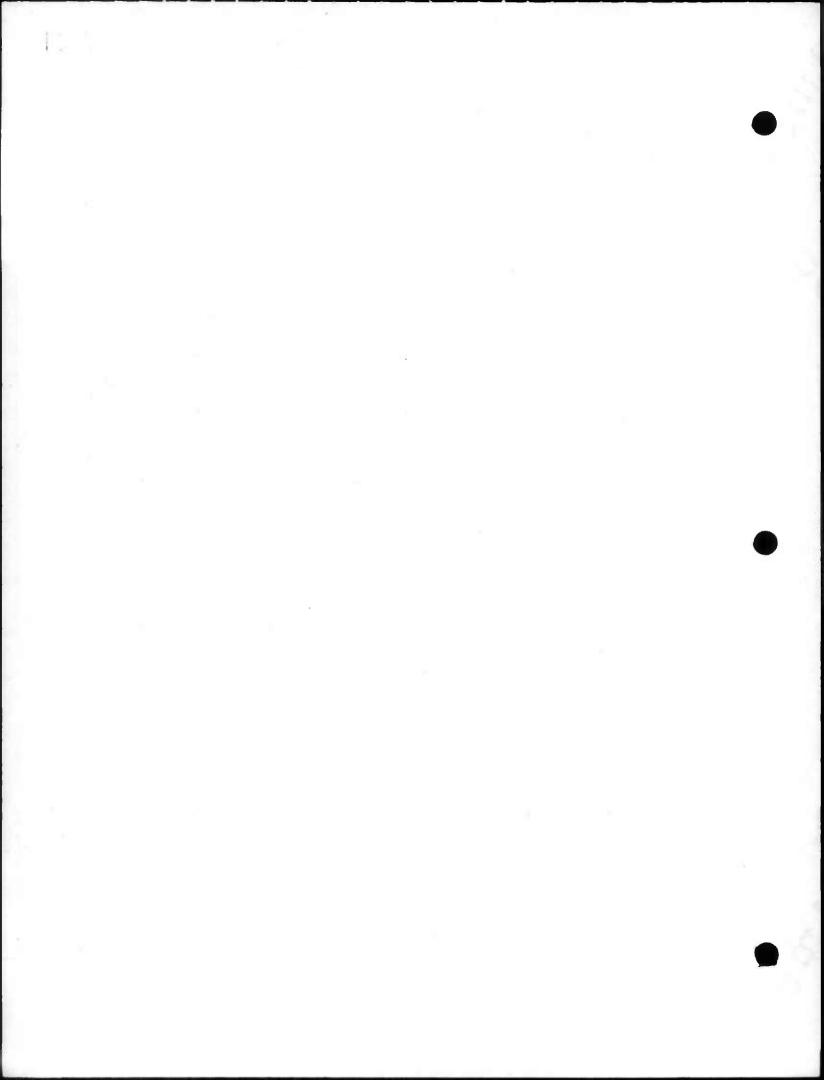
32. REGISTRARIS SIGNATURE

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DIVISION OF VITAL RECOR

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THE CONTROL AND REPORT OF THE PARTY OF THE P					vrs last hirthday)	IF UNDER 1 YEAR	IF INDER 24 HRS			
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See to a part of the control of the	hysicia urial-tr	5		FORCES? 1 YES	2)(10				ea or No 14	. RACE — American Indian, Black, White, stc.
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Janet Althor 2312 Chetwood Circle, Timonium, Md. 21093 208 Each College 208	के विद	ш	J.E.Carson				N.J.	Filler		
Janet Althor 2312 Chetwood Circle, Timonium, Md. 21093 208 Each College 208	should			·						
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Sequentially list conditions, and an appearance of the part of the	d with omplet , cren		in double,	DUE TO (OR AS A C	ONSEQUENCE O	F):				
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The part of the pa	Phy Dhy	Ĕ	that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	F):				
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 1 YES 2 NO 25 May Case Reference to Medical Number of Death (Month, Day, Near) 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1 N	Me the		PART II. Other significant condition	s contributing to death but	t not resulting	in the underlyin	g cause given in			
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EXAMINER? Type Part Par	law re as bee bept. o			CONTRIBUTE TO	CAUSE O					
TO THE SON THE	ate ate	101	EXAMINER?			OTHER:				
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29a. CERTIFIER (Check only one) 29b. SIGNATure And TITLE OF CERTIFIER 29c. DESCRIPTION 29b. SIGNATure And TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9-26-1994 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	PHY this h with		la contraction	(Month, Day, Year)	IN.	JURY WO	DRK?			
29a. CERTIFIER (Check only one) 29b. SIGNATure And TITLE OF CERTIFIER 29c. DESCRIPTION 29b. SIGNATure And TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9-26-1994 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	NDING After deat		a Catita	28a. PLACE OF INJURY -	At home, farm,	street, factory, offic	ia .			Rural Routa Number,
THE SECOND TO THE STANDARD COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	ATTEL ECTOR S afte	ш	4 Homicide detarmined	Daniering; and (openin)				City or lown, State	θ)	
29d. Date signed (Month, Day, Year) 9-26-1994 J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	4 7 2 m	_1 1	(Check only							
29d. Date signed (Month, Day, Your) 9-26-1994 J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	OSPIT UNER/ Ithin 7	S	2 MEDICAL EXAMINE	R: On the beals of examination :	and/or Investigation	on, in my opinion, c	leath occured at th	e time, data and place,	and dua to the o	ause(s) and manner as stated,
J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	THE H	ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NO	JMBER OLD		
J. David Nagel, MD 1205 York Rd Suite 38, Lutherville Md. 21093	8 8 3 M		30. NAME AND ADDRESS OF PERSON WILL	O COMPLETED CAUSE OF CEAT	H /ITEM 27 /3	Print	1)0/	474	9-	26-1994
							thervill	e Md. 2109	3	
	4		31. SEP 2 8 1994							

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		ARTMENT OF I			YGIENE EG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			TIME OF DEATH
		LOUISINE	L. B.	OGGS			MONTH	19	94	05,00 AM
9		234-40-1231	1 - M 2 MF	n yrs. last birthday	MONTHS DAVE	HOURS MIN.	7. DATE OF B (Month, Day		6. BIRTHPL Country)	ACE (State or Foreign
3 should	œ	90. FACILITY NAME (If not institution, give stre Bon Secours Hospi	et and number) tal		96. CITY, TOWN Baltim	OR LOCATION OF D	EATH	9c. COU	NTY OF DEAT	
1, 2,	5	RESIDENCE OF DECEDENT			Daltin	ore				
Pages	DIRECTOR	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LOCA	TION			10	d. INSIDE CITY LIMITS?
permit. P		Md 100, STREET AND NUMBER		E	Baltimore	of, ZIP CODE		10- 07	ZEN OF WHA	YES 2 NO
usit pe	FUNERAL	611 South Charle	s Street		ľ	21230		log. Citi	USA	(I COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexico S 2 NO Specifi	en, Puarto Rican		14. RACE — Black, W Specify:	American Indian, /hita, atc.
1215-0 r attending use as the	8	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION		'S USUAL OCCUPAT		16b. KINI	D OF BUSINESS/IND		hite
212 tal or for us	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	of work done during m use retired.)	osl of working				
AND the hospital detached for	COMPL	12		Cash	ier			spital		
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.	2	17. FATHER'S NAME (First, Middle, Last) John D. Rhodes					Cashio	e, Maiden Surname)		
MAR retained to 5 should	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street	and Number or Rural			Code)	
	임	W. Fred Boggs		42 C	Camelot D	rive, Hu	ntingto	on, W.V.	25701	
e 6 may rector, pa		20a. METHOD OF DISPOSITION 1	ral from State 20b.	PLACE AND DAT otery, crematory of PERMOU	e of disposition (A cother place) int Crema	tory	9/20	Baltimo		
ALTI death. P. e funeral al. examine		21. SIGNATUM OF EUMERAL SERVICE LICE TULLIS	Hailes 1	10055	22. NAME A Ster1 736 E	ing Ashto	CILITY			
heby filled in the mation, or real		23. PART I. Enter the diseases, or co shock, or heert fallure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplicetions that ceueed	the deeth. Do ich line.	not enter the m	ode of dying, suc	ch aa cerdiec	or respiratory arr	eat,	Approximate Interval Between Onset and Desth
BOX 68/cate be execute physician and control prior to burian art caumatic	RTIFICATION		DUE TO (OR AS A) DUE TO (OR AS A) DUE TO (OR AS A)			Bostom	7 .			
P.C.	W	resulting in death) LAST	RESTRICT	400	Luork	704	reose			-
RECORDS, P.O. v requires that the death certification is to Health and Mental Hygien it. or Health and Mental Hygien shows any Injury, or oth	MEDICAL C	PART II. Other significent conditione POST FOLEY	oliomyel ? Effer?	JENT ,	,		1	WAS AN AUTOPSY PERFORMED? YES 2 NO	AM CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
law law bept.	AN	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE O			ر ب			
	PHYSICIAN:	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	LACE OF DEATH (C)				
PHYSICIAN: this certifical with the St.	Η̈́	27. MANNER OF DEATH	28e. OATE OF INJURY	28b. T	IME OF 28c. IN	na 5 🗆 Residenca		BE HOW INJURY OCC	CUREO	
2 m m m m	ВУР	1 Pending 2 Accident Investigation	(Month, Day, Year)			YES 2 NO				
TSTC NTENDI CTOR: A after de	ETED !	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Specif	— At home, farm	n, street, factory, offi	en	281. LOCATION City or Tox	N (Street and Number wn, State)	or Rural Rout	te Number,
¥ 42 =	COMPLE		AN: To the best of my knowle On the basis of axamination							nd manner as stated.
물 물을 별	BE	296. SIGNATURE AND TITLE OF CERTIFIER A- A day A T	Ver Diale 1	PKICCO	ci'au	29c. LICENSE NU	MBER	29d. DAT	E SIGNED (M	onth, Day, Year)
66%₹	5	A-Sidhu. ATT 30. NAME AND ADDRESS OF PERSON WHO AT BIA S. SID	COMPLETED CAUSE OF DEA	TH (ITEM 27) (7)	pe. Print)	of out	0 0: 4	2/2/29		
			32. REGISTRAR'S SIGNA		1,0	10 W		- /2-/		



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	Stat
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	1 - FOR STATE OF MARYLANI REGISTRAR		MENT OF HEALI CATE OF DE		ENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH NMI Chase, J.				DATE OF DEATH DO	" 9 4 ^E	AR 9:50 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 XM 2 F 90. FACILITY NAME (If not institution, give street end number)	YRS.	HITHS DAYS HOUR	IS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-19-4		NRTHPLACE (State or Foreign ountry)	
10R	University of Maryland Hospital Baltimore N/A							
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCATION		-		10d. INSIDE CITY LIMITS?	
	Maryland N/A	Bal	timore	ODE		100 CITIZEN	1 № YES 2 □ NO OF WHAT COUNTRY?	
ERA	738 N. Fulton Avenue			217		_	JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1\(\infty\) YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDEN	IT OF HISPANIC uban, Mexican,	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No 14. I	Black, White, etc. Specify: Black	
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	. DECEDENT'S US	UAL OCCUPATION done during most of we	odkina	16b. KIND OF BUS	SINESS/INDUSTI	RY	
once. COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade	Truck	etired.)	, my				
o No No No No No No No No No No No No No	17. FATHER'S NAME (First, Middle, Last)	TIUCK		OTHER'S NAME	(First, Middle, Maiden	Surname)		
ed at	Joseph Chase, Sr.			Melvi				
10 1	19e.INFORMANT'S NAME (Type/Print) Ella Wells		oness (Street and Num				21060 Maryland	
9		CEAND DATE OF C	DISPOSITION (Name of	10	/1794° LO	CATION — City	or Town, State	
E	4 Donation 5 Other (Specify)	y, crematory or other Zion	Cemetery	ΙΘ	Ba.	ltimor	e, Marylan	
examine	21. SIGNATURE OF PUNGRAL SERVICE LIPENSEE		22. NAME AND ADD	RESS OF FACIL	5/40	Reist Baltin	terstown Rd more,Md2121	
or other traumatic event, the medical examiner must be notified at once. FRTIFICATION TO BE COM	23. PART I. Enter the diseases, or complications that caused the shock, or hast failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition reaulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in daath) LAST	MACOUENCE OF): NSEOUENCE OF): O D M	ung Conc	er A		ostruch. humo	Approximata interval Batween Onset and Daeth	
CE CE	PART II. Other significant conditions contributing to death but n	ot resulting in t			irt i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
23 shows-my mj	- #				PERFOR	. 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
23 s	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D			NCERTAIN				
or Item 23 s YSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. P EXAMINER? 1 YES 2 NO HOSPITAL: 1 Nipatient 2 ER/Outpetien		THER:					
ō ≥	27. MANNER OF DEATH 28s. OATE OF INJURY	28b. TIME O			Sd. DESCRIBE HOW IF	NJURY OCCURE	0	
marked, BY PH	1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJURY	M 1 YES	2 🗌 NO				
28 is	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined	it home, term, atre	et, tectory, office	2	8f. LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,	
MPORTANT: It item O BE COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and						rse(a) and menner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER PGI Resid	ent Bos	ry)	ICENSE NUMBI	ER	≥ 9/2	NEO (Month, Day, Year) 4/94	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (0 11	71) 4MS				•	
	SEP 2 8 1994 32. REGISTRAR'S SIGNATUR	NE .						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "A" hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į	1. DECEDENT'S NAME (First, Middle, Last) CHARLES CLAR!	<							2. DATE OF DE		4 1994	3. TIME OF OEATH 4:54 P
	4. SOCIAL SECURITY NUMBER 261-26-5327	5. SEX 1 M 2 F	6. AGE (In yrs. to 76		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI	лтн -1918	8. BIRTH	HPLACE (State or Foreign
OR	98. FACILITY NAME (If not institution, give st THE JOHNS HOPKIN	reet and number) NS HOSPIT	AL				OR LOCATION		ATH	9c.	COUNTY OF C	DEATH
DIRECTOR	10a. STATE 10b. COUNTY Md.	-		10c. CITY,	TOWN OR							10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO
FUNERAL	1300 E. Lanvale	Street .	Apt. 40)3		10	r. zip code 21	.213		10g.	CITIZEN OF V	WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE WI 77 /22 //.	EVER IN U.S. A VES 2 (THE OR DATES 1 to 1/	NO	1 12	yes, sp	CENDENT Of Decity Cuber NO	F HISPAN n, Maxica Specify	IIC ORIGIN? (Spo n, Puerto Ricen,	ecify Yes or No atc.)	14. RACI Black Spec	E — American Indian, k, Whita, atc. """: Black
COMPLETED	15. DECEDENT'S EOUG (Specify only highest grade Elementary/Secondary (0-12)	CATION	18a. D	ECEDENT'S USGING KIND OF WOOD WOOD USE	rk done du retired.)	CUPATI ring me	ost of working		St		nufact	turing
BE CO	17. FATHER'S NAME (First, Middle, Last) Neolis Clark						Ma	ry (ME (First, Middle, Cain			
٥	Jeanette S. Thoma 200. METHOD OF DISPOSITION	8		936 N.	. Ede	en	Stree	or Rural F t Ba	altimor	e, Mar	yland	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE US			AND DATE OF	iptis	st			/30/94		n - city or To	own, Sieta oth Carolina
	Danis	B C	ml		5.5	502	Winn	or 1	Cap	1 + i mon	EM OF	Service
	23. PART I. Enfar the diseases, or shock, pr hasrt failure immediate CAUSE (Final disease pr condition resulting in death)	Bra	in Ed	ema		ne mo	oda of dyl	ng, sucl	h ss cardiac d	er raspiratory	y srreat,	Approximata interval Between Onset and Desth
NO	Due to (or as a consequence of): Right Cerebral Vascular Accident Oue to (or as a consequence of):									4 days		
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	ial Fib	l Fibrillation with throng as a consequence of:					mbus	forme	ation	one year	
111	PART II. Other significant conditions		rt Fai		the und				David Law			6 years
MEDICAL	Alcoholism			raauting iii	The dilu		g cause g			WAS AN AUTOI PERFORMED? YES 2 15 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEATH		_	_	ERTAIN	1 🗵			
Z HTS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I	NJURY		OF 2	8c. IN.	JURY AT ORK?		8 Other (Spec 28d. DESCRIBE		OCCURED	
	2 Accident Investigation 3 Suicida 8 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Rout City or Town State)							Route Number,			
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCONDINE) 2 MEDICAL EXAMINET											s) and manner as stated.
0 00 0	29b. SIGNATURE AND TITLE OF CERTIFIER	elvenee	-MD				29c. LICE	NSE NUN				(Month, Day, Year)
-	30. NAME (AND ADDRESS OF PERSON WHO JENNIFEY					st	topkir	15 H	bspital	600 1	N. WOIFE	St. Baltimore
	31. DATE FILED (Month, Day, Year) OSFP 2.8 1994	Jui 5	intent	ine								

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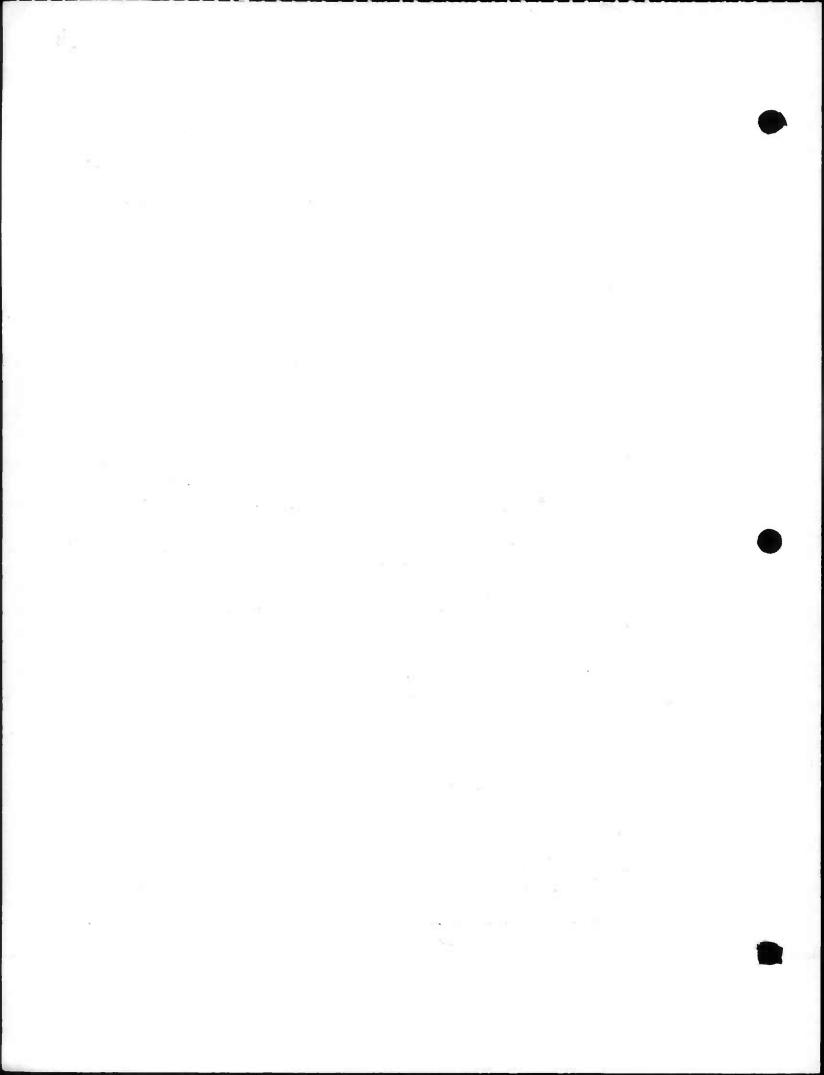
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF I) MEI	NTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF OEATH		3. TI	ME OF DEATH	
	SARA B		CRA	WFORD		69	MONTH DA 21	94	05.5	1 AM M	
		SEX 6. AGE (In yrs. la:	. "	F UNDER 1 YEAR	IF UNDER 24 HRS	_	DATE OF BIRTH (Month, Day, Year)	8.		E (State or Foreign	
	100 01 3031		6 YRS.			4-	-14-1908				
œ	9a. FACILITY NAME (If not institution, give street	ŕ		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH		
DIRECTOR	NORTH ARUNDEL HOSPT	TAL ASSOCIATIO	N	GLEN B	URNIE			A.A	COL	NTY	
RE(10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION					INSIDE CITY LIMITS?	
	MARYLAND			GLEN	BURNI	E			1 K	YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE				N OF WHAT	COUNTRY?	
JNE	1116 CRAIN HIGHWAY	. WAS DECEDENT EVER IN U.S. AF	MED	12 WM C DE		061	RIGIN? (Specify Yee	US.			
	1 Never Merried 2 Merried	FORCES? 1 YES 2	NO	If yes, sp	ecify Cuban, Mex	icen, Pu	erto Rican, etc.)	OF NO. 14	Black, Whi	merican Indien, te, etc.	
ВУ	3 K Widowed 4 Divorced			10.6	Z Ano spe	city.	_		Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (G	ive kind of wo	SUAL OCCUPATI rk done during me	ON ost of working		16b. KIND OF BUS	INESS/INDUS	TRY		
P.E.		2011ege (1-4 or 5 +)	Do NOT use								
OM	17. FATHER'S NAME (First, Middle, Last)	ILAK	UNEMPI	OYED	18. MOTHER'S	NAME (/	First, Middle, Maiden	Sumeme)			
ш	UNKNOWN				UNKNOWN			,			
10 B	19e. INFORMANT'S NAME (Type/Print)	. 19	b. MAILING A	DDRESS (Street	and Number or Rui	al Route	Number, City or Town	, State, Zip Co	ode)		
		JR. 1	116 CI	RAIN HI	GHWAY,	GLE	N BURNIE,	MARY	LAND :	21061	
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal		AND DATE OF	DISPOSITION (Na	ame of		OATE 20c. LOC	CATION - City	y or Town, S	tate	
	4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		ATIONA	L CEME	TERY ND ADDRESS OF	9-	-2794 LAUE	REL. MAR	RYLAND		
	Na ()	n A		JOSEP	H H. BR	OWN	JR. FUNE				
-	22 PART I Felor the discourse	20.101		1913	W. BALT	IMOI	RE ST., E	BALTIM	ORE, 1	MD. 21223	
	The state of the s	t only one cause on each line	ath. Do no	t antar tha mo	da or dying, s	uch as	cardiac or reapir	ratory arrest	t,	Approximata intarval Batween	
	iMMEDIATE CAUSE (Final disease or condition	MUOCAR	do	D-7	ailie	41	Re1	0 (1	Onset and Death	
ľ	reaulting in death)	DIFE TO (OR AS A CONSE	QUENCE OF:	1/		V	006	00	-	vo reno	
Z	Sequantially list conditions,	Mull	fle	- 10	elde	LA	1/04	2 Ke	8		
CERTIFICATION	If any, laading to immediata cause. Entar UNDERLYING	OUE TO (OR AS A CONSE	DUENCE OF):	,055.	en D	/	HAC	29110			
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	DUENCE OF):				0,000	pu	2		
E	resulting in death) LAST										
	PART II Other significant conditions co	ontributing to death but not a	e e e e e e e e e	the resolvebule	n anna alum	- D					
CAL	(Creary)	reador (D	additing in	tha dideriyin	g cauae givan	in Part	PERFORI	MED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE	
PHYSICIAN: MEDIC	Callege	o Stort	Fail	ILI Y	cul	eci	1 🗆 YES 2	NO	OF D	EATH?	
2	DID TOBACCO USE CONTRIB		TH YES		UNCERTA	VIN' T	- l		1	YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL		E OF DEATH	(Check only one)	- OTTOLKI		- 1				
YSI	1 UYES 2 NO 16	OSPITAL: Inpatient 2 ER/Outpatient 3		OTHER:	e 5 🗆 Residenc	e 8 🗆	Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WC	RK?	28d	. DESCRIBE HOW IN	JURY OCCUR	EO		
B	2 Accident Investigation	28e. PLACE OF INJURY — At he			rES 2 NO	-					
8	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	ine, term, att	eet, ractory, ome	•	281.	City or Town, State)	nd Number or i	Rural Route N	lumber,	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowledge, de	ath occurred	et the time date	and place, and d	lun de dh					
JMP.		In the beele of examination end/or							euse(e) end	menner ee stated.	
	29h SIGNATURE AND THEE OF CERTIFIER	110			29c. LICENSE N			29d. DATE 9			
) BE	X / J >	46-12 6	4 rd	2	A07	5	83	▶9/x	1/90	0	
임	36. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF BEATH STEE	M 27) (%ps. P	rint)				-4	1		
	ANASTACIO E. SUBONG		IN HIC	GHWAY,	SW/GLEN	BUI	RNIE, MAR	<u>RYLAN</u> D	2106	1	
	SEP 28 1994	32. REGISTRAR'S SIGNATURE									
100			4							- 1	

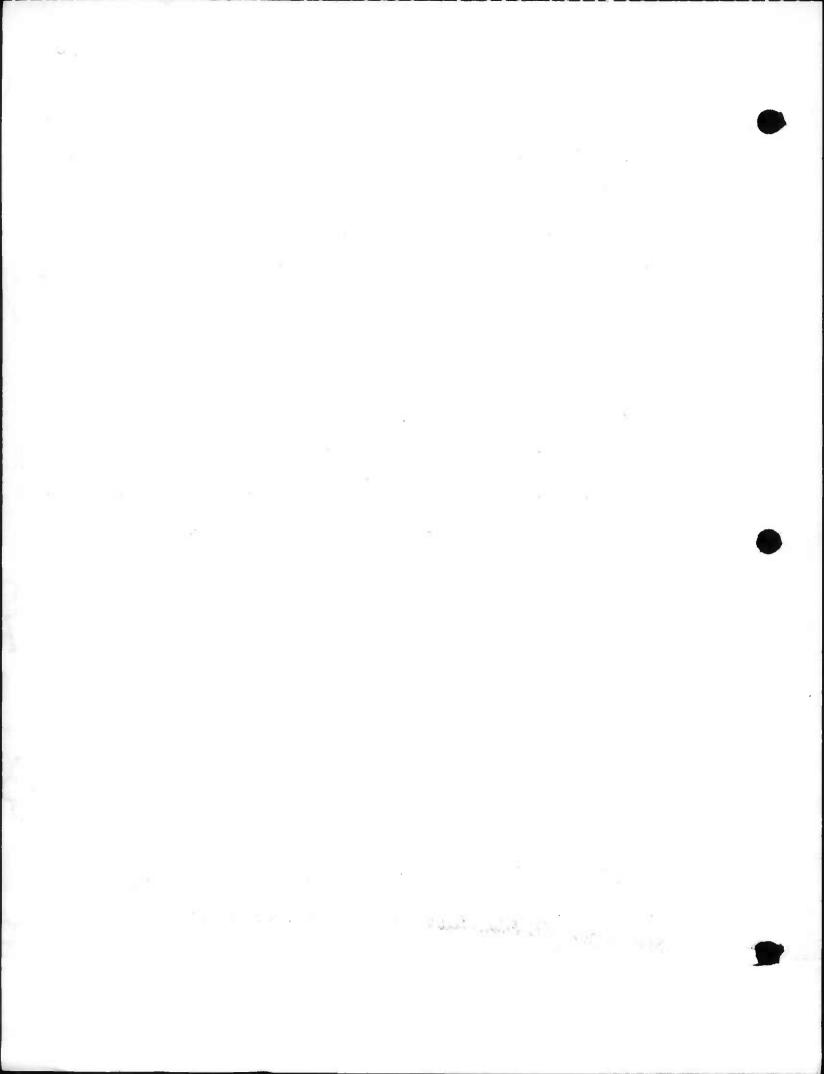


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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE LINCOLTAL OB ATTENDIAL DUVELINIAL The last consistent that the death continues he managed within the form of the form o	TO THE TOST TALK TOTATION TO THE WINDS THE LOW REQUIRES THAT THE LOW RELIGIOUS THE TOST TALK OF A THE MONTH TO THE TOST THE THE SENTING THE THE SENTING THE THE SENTING THE THE SENTING THE THE SENTING THE THE SENTING THE THE SENTING THE THE THE THE THE THE REAL DIFFERENCE THE THE THE THE THE THE THE THE THE TH	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) AMOS	Р.	COOK	(2. DATE MONT	of DEATH	94	AR 3.	TIME OF PEATH A M
	4. SOCIAL SECURITY NUMBER 5. SEX 1							8.1	ary	ACE (State or Foreign
OB	99. FACILITY NAME (If not Institution, give street 39 Windsor Way	et and number)		Rosed	R LOCATION OF OR	EATH		9c. COUNTY Balt		
DIRECTOR	100. STATE 10b. COUNTY Maryland Balti	more		TOWN OR LOCA	TION					d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER 39 Windsor Way			10	21237		-	U.S.	OF WHA	T COUNTRY?
ВҰ	-	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	Il yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	in, Puerto	N? (Specify Yes Ricen, etc.)		RACE — Black, W Specify: Whi	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondery (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S U. (Give kind of wo life. Do NOT use Salesma	rk done during mo retired.)	ON st of working			SINESS/INDUST	RY	ncking
BE COM	17. FATHER'S NAME (First, Middle, Last) William	Cook			18. MOTHER'S NA		Middle, Maiden	Sumame)	o y d	
TO B	Mr. George Desc	h	196. MAILING A	ooress (Street a	Rd. Bal	to.	Md.	7. State, Zip Coo 2 1 2 0 6	(e)	
	24s. METHOD OF DISPOSITION 1	cem	PLACEANDDATE OF ederly, crematory or othe Gardens	of Fa	ith 9-	CILITY	94 Ba			Maryland
	The second secon	dist, III		5305	ard J. Harfor	d R	d B	altimo	ore.	Md.21214
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mulasta	atte	Λ	de of dying, suc			ratory arrest,		Approximate interval Between Onset and Death
ATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
AL	PART II. Other significant conditions	contributing to death be	ut not resulting in	the underlying	g cause given In	Pert I.	24e. WAS AN PERFOR	MEO?	CO	TRE AUTOPSY FINDINGS NILABLE PRIDR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI				UNCERTAI	N 🗆			1 [YES 2 NO
SICIA		HOSPITAL:		OTHER:	e 5 🗆 Residence	8 🗆 Othe	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Oay, Yeer)	28b. TIME (TY WO	URY AT RK? 'ES 2 NO	28d. DES	SCRIBE HOW II	JURY OCCURE	D	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:								use(s) en	d menner es stated,
BE	206. SIGNATURE AND STITLE OF CERTIFIER	Ila	mD		29c. LICENSE NUM	MBER		29d. OATE SIG		
01	David Collins	M.D. 323;			St., Ba	ltir	more,	Md.		
	SEP 2 8 1994	36 stempsura alem	TORE							



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

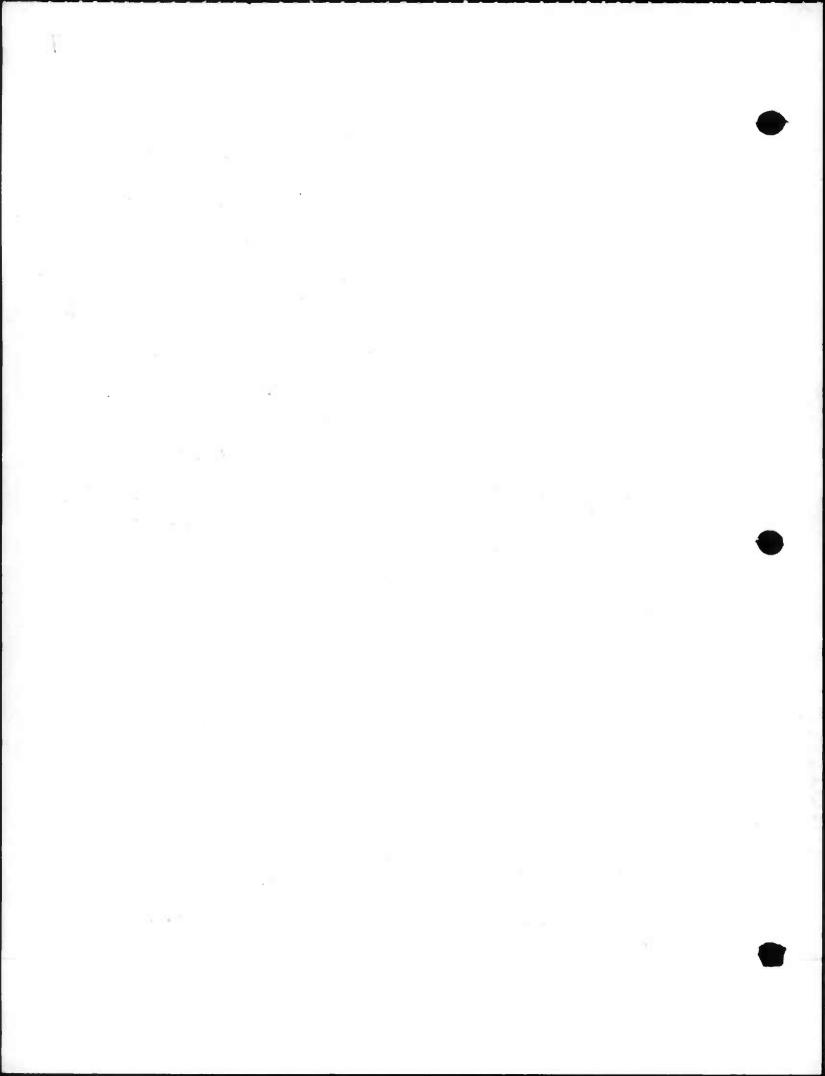
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) LONNIE			Avis	2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 09 3632	5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
NO.	90. FACILITY NAME (If not institution, give si CHURCH HOSPI		96	CITY, TOWN OR LOCATION OF	DEATH 9c. COUNT	S.C.
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1		OWN OR LOCATION		10d. INSIDE CITY
	MD 100. STREET AND NUMBER		E	BALTIMORE 101. ZIP CODE	I the CITIZ	LIMITS? TYPES 2 NO EN OF WHAT COUNTRY?
FUNERAL	1837 E. LAFAY				21213	II.S.A.
B	11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mea 1 YES NO Spe	icen, Puerto Ricen, stc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
LETED	15. DECEDENT'S EDUC (Specify on Highest grade	CaTION completed) College (5-4 or 8+)		done during most of working lired.)	16b. KIND OF BUSINESS/INDU	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		LABOR		NAME (First, Middle, Maiden Surname)	STEEL CORP
BE C	CHARLIE	DAVIS		LOU		EY
0	19a. INFORMANT'S NAME (Type/Print)				ral Route Number, City or Town, State, Zip C	Code)
	LETHA DAVIS 20a. METHOD OF DISPOSITION	20b.	1837		E AVE. BALTO.	
	1√ Buriel 2 Cremellon 3 Reme 4 Donation 5 Other (Specify)	oval from State ceme	etery, cremetory or other	P CEMETERY	9/30 BALTI	MORE MD
	21. BIGNATURE OR FUNERAL SERVICE LIC	V sont	This	1129 N. CA	BETTS FUNEI	RAL HOME
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	tha death. Do not ich ilne. CONSEQUENCE OF):	anter the mode of dying, e	uch aa cardiec or respiratory erre	st, Approximate interval Between Onset and Death / Week
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):			
MEDICAL	PART ii. Other aignificant condition	s contributing to death bu	it not resulting in ti	ne underlying cause given	In Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH YES	NO 🗆	1 TES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lon	26. PLACE OF DEATH	(Check only one)	
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 - Reelden	28d. DESCRIBE HOW INJURY OCCU	JRED .
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific	— Al home, lerm, stree		281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
COMPLET					fue to the cause(s) end manner es atated the time, date end place, end due to the	
BE	29b. SIGNATURE AND TITLE OF SERTIFIER	and . of	periali,	20c. LICENSE I	350 >9	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Brit	eay Bal	6. MD 2/23	/
	SEP 2 8 1994	32. REGISTRAR'S SIGNA				

ermit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		NTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH		3. TIME OF DEATH		
	JEANETTE T		D	EBELLA		09 25		01:00 AM M		
	4. SOCIAL SECURITY NUMBER	71,000	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8, 1	BIRTHPLACE (State or Foreign Country)		
	052-16-6228	1 M 2 🔀 F	90 YRS.		A	PRIL 4,				
œ	9s. FACILITY NAME (If not institution, give s				OR LOCATION OF DEATI	Н	9c. COUNTY			
5	NORTH ARUNDEL HO	<u>)SPITAL ASSO</u>	CIATION	GLEN	BURNIE		Α.	A. COUNTY		
DIRECTOR	10e. STATE 10b. COUNTY	f	10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?		
		E ARUNDEL	SE	VERNA PA	ARK			1 TES 2 NO		
74	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	24 TRUCK HOUSE				21146			S.A.		
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	It yes, sp	ENDENT OF HISPANIC ocify Cuban, Maxican, F	ORIGIN? (Specify Yea Puarto Rican, atc.)		RACE — American Indian, Black, White, atc.		
B	3 ₩Idowed 4 Divorced	IF TES, GIVE WAR ON	DATES	1 L YES	2 NO Specify:			Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of w	rork done during mo		18b. KIND OF BUS	SINESS/INDUST	RY		
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)		0.777				
M	17. FATHER'S NAME (First, Middle, Last)		HOME	MAKER	40 440511510 11115		HOME			
	Thomas Borgia				16. MOTHER'S NAME	(First, Middle, Maiden	Sumame)			
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Rout		n. State. Zip Cod	de)		
임	DEBORAH DeBELLA				D, HUNT V					
	20e. METHOD OF DISPOSITION	oval from State	0b. PLACE AND DATE O	FDISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, State		
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) EN		ST. JOHN			10/1 MIDI	DLE VIL	LAGE, NY		
	21. SIGNATURE OF FUNERAL SERVICE LIC	A			ING ASHTO		HOME	TNC		
	Hulley X	Tacks	M00550	736 E	EDMONDSON .	AVE., BAI	LTIMORE	. MD. 21228		
	23. PART i. Enter the diseeses, or of ehock, or heert failure.	omplicatione that caus Liet only one ceuse on	ed the death. Do neech line.	ot enter tha mo	de of dying, such a	s cardiac or respi	retory errest,	Approximata interval Between		
	immediate cause (Fine) disease or condition resulting in deeth) e. Onset and Death									
	resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF	SNII	<i>N</i>					
z	DOE TO (ON NO A CONTRECUENCE OF);									
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS	A CONSEQUENCE OF):						
		J								
Ŋ.	PART II. Other significent condition	e contributing to deeth	but not recuiting in	n the underlying	ceuse given in Par	t i. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						1 TYES 2	₩ NO	COMPLETION OF CAUSE OF DEATH?		
Σ	DID TORACCO LISE CONITI	DIBLITE TO CAUCE	OF DEATH VE		LIBICEDTAIN	_		1 TYES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE (26. PLACE OF DEAT		UNCERTAIN					
Sic	EXAMINER?	HOSPITAL:		OTHER:	5 Residence 8	Other (Specify)				
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		d. DESCRIBE HOW IN	NJURY OCCURE	ED C		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, tarm, at ecily)	treet, tactory, office	28	t. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,		
COMPLET		CIAN: To the best of my kno						use(s) and manner as stated,		
	296. SIGNATURE AND TITLE OF CERTIFIER			1						
8	\ \ \ \ X	1			29c. LICENSE NUMBER	208	≥ 9 A	SNED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	11 / 1 8	5 Y	Y	-3/14		
	JOHN SHAVERS, M.	.D./518 S. C	CAMP MEADE	ROAD/L	INTHICUM,	MARYLAND	21090			
	31. DATE FILED (Month, Day, Year)	1 32. REGISTRAR'S SIG	NATURE		<u>.</u>					
	SEP 2 8 1994	John Dansen-K	mark							



Item 1, g-715, 9-28-94, per F.H., dr FOR CTATE OF MADVIA

1 - STATE REGISTRAR	SIAIE UF MAR				F DEAT		NIAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)			_				. DATE OF OEATH	AY	YEAR 3.	TIME OF OEATH
	TLEROY									3 • 14P M
017 15 1400		AGE (In yrs. last	- 10	F UNDER 1 YEA			OATE OF BIRTH		8. BIRTHPL	CE (State or Foreign
	[XM 2 □ F		YRS.				AUG . 7,1		MÁRT L	
9a. FACILITY NAME (If not institution, give street 2000 BLOCK OF		DO A D	9		N OR LOCATE		**	9c. COUN	n/a	Н
RESIDENCE OF DECEDENT	BELAIR	ROAD		BALT	IMORE	CIT	Υ	Ь	117 4	
10a. STATE 10b. COUNTY				TOWN OR LO						d. INSIDE CITY
MARYLAND n/a				BALI	IMORE				X,	YES 2 NO
100. STREET AND NUMBER 3122 RAVENWOO	DD AVE	NUE			212			UNI	TED S	TATES
	. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARM	EO	13. WAS D	ECENDENT O	F HISPANIC	ORIGIN? (Specify Yas	or No-	14. RACE — Black, W	American Indian,
1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR	OR DATES		1 🗆 1	ES X X NO	Specify:	ruanto riican, atc.)		Specify:	BLACK
15. OECEOENT'S EDUCATION	ON	10a DEC	EOENT'S HE	UAL OCCUP	TION		Task White or But		10700	DLACK
(Specify only highest grade com	pleted) ollege (1-4 or 5+)	(Give	e kind of wor Do NOT use r	tr done during	most of working	ng .	16b. KIND OF BU	SINESS/INDU	JSTRY	
2 nd	- (1-4 of 5+)	- 5	STUDE	ENT			n/a			
17. FATHER'S NAME (First, Middle, Last)	FROV				18. MOTE	ER'S NAME	(First, Middle, Maiden FER HO	Sumama)		
DALE FAUNTL	LERUY					JE NN 1	FER HO	PKIN	5	
198. INFORMANT'S NAME (Type/Print) SARINA F.	WASHING	TON 19b.	MAILING AL	DDRESS (Stree	at and Number	or Rural Rou	LTIMORE, M	n, State, Zip	Code)	2
	MASHING	31011 3	122 K	AVENWOO	U AVEN	NUE, DA	LITINURE, IV	AK I LAINU	2121	3
20s. METHOD OF OISPOSITION 1 X X Yourist 2 ☐ Cremation 3 ☐ Ramoval	from Stata	20b. PLACE AN							alty or Town,	
4 Donation 5 Other (Specify)	eFF	BALT	MURE		METER			LTIM	ORE,	MD
								1 0 1	ГМ	ODTH AVE
Karen m		zer								ORTH AVE
23. PART I. Enter the diseeses, or comehock, or heert failure. Liet	plicetions that cer only one ceuse of	used the dee on each line.	th. Do not	enter the	node of dyl	ng, such e	s cerdiec or reep	ratory erre	est,	Approximete interval Between
IMMEDIATE CAUSE (Finel disease or condition	11 1	10								Onset end Death
resulting in deeth)	Mul	yle	ly	unles	·					
disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, b.	DUE TO (OR	AS A CONSEOU	JENCE OF):							
if sny, leeding to immediate ceuse. Enter UNDERLYING										
CAUSE (Diseese or injury that initiated events	OUE TO (OR	AS A CONSEOU	JENCE OF):							
resulting in death) LAST										
PART II. Other significent conditione co	ontributing to dee	th but not re	sulting in	the underly	ing ceuee g	iven in Pa	rt I. 24n. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
							PERFOR			ILABLE PRIOR TO MPLETION OF CAUSE
							1 1 123 '	□ NO		DEATH? YES 2 □ NO
DID TOBACCO USE CONTRIB	UTE TO CAUSI	E OF DEAT	H YES		□ UNC	ERTAIN			'	2 120 1 110
25. WAS CASE REFERRED TO MEDICAL			OF OEATH	(Check only or						
. 37	OSPITAL: Inpetient 2 ER/	Outpatient 3		THER:	ome 5 🗆 Ra	sidence 8	Other (Specify)	ON C	THE S	TREET
27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		28b. TIME C		NJURY AT WORK?	2	d. DESCRIBE HOW I	NJURY OCC	URED	1
1 Natural 5 Pending 2 Accident Investigation	9/26/9	4	15094			NO	subject s	Fru	k by	bus
	28a. PLACE OF INJ	URY — At hom	e, ferm, stre	at, factory, of	fica	21	Bt. LOCATION (Street a City or Town, State)		or Rural Rolute	
3 Suicida 8 Could not be	building, atc. (opoury)								Number,
4 Homicide detarmined	building, atc. (roadi	- 7				2000 Belair		Baltin	re City
S Conid not be	t: To the best of my k	road L	h occurred	nt the time, d		and dua to	the cause(a) and mai	mer aa state		ore City
4 Homicide detarmined 29a. CERTIFIER (Check only)	t: To the best of my k	road L	h occurred	nt the time, d	, death occur	and dua to	the cause(a) and mai e, data and placa, an	ner as state	cause(a) an	ore City
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	to the best of my ken the basis of examin	road to and/or In	h occurred a	at the time, d	29c. LICE	and dua to	the cause(a) and mai e, data and place, an	oner as state d due to the 29d, OATE	SIGNED (Mo	d manner as stated.
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	i: To the best of my k n the bests of examin	road of Investigation and/or Investigation and/or Investigation and/or Investigation and Investigation	vestigation,	in the time, d	29c, LICE	and dua to ed at the tim NSE NUMBE	the cause(a) and made, and place, and ${\sf R}$	oner as state d dus to the	signed (Mo	d manner as stated. nth, Day, Year) 27/94
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	i: To the best of my k n the bests of examin	moviedge, dant setion and/or in the set of t	vestigation,	in the time, d	29c, LICE	and dua to ed at the tim NSE NUMBE	the cause(a) and mai e, data and place, an	oner as state d dus to the	signed (Mo	d manner as stated. nth, Day, Year) 27/94

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

		Dem	L
BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the management of the hospital or attenue and the	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as new professional and completely filled in by the funeral director, page 5 should be detached for use as new professional and completely filled in by the funeral director.	>
MAR	etained	should	
ALTIMORE, N	death. Page 6 may be r	funeral director, page 5	
8	hours after	lled in by the	n. or removal
	2	tely fi	mation
BOX 68760	cate be executed with	hysician and comple	e prior to burial, crer
0.	h certifi	anding p	Hygien
AL RECORDS, P.O. BOX 68760	w requires that the deat	been signed by the atte	Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
7	do do	has	9

4	1			MENT OF HEALTH AND MENTAL HYGIENE CATE OF DEATH REG. NO.
			1. OECEDENT'S NAME (First, Middle, Last) FRIECT F. FORD	2. DATE OF DEATH HONTH DAY YEAR 3. TIME OF DEATH
			4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) If	F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTTH 8. BIFTTHPLACE (State or Foreign
	모		216-07-8402 1XM 2 0 F 7-8 YRS. MC	ONTHS DAYS HOURS MIN. (Morith, Dey. Year) Country) 11 30 15 Maryland
	2, 3 should	DIRECTOR	Sinai Hospital	Saltimore - City N/A
	Pages 1,	EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, T	TOWN OR LOCATION 10d. INSIDE CITY
	permit. Pag			Baltimore 1 ⊠ YES 2 □ NO
/	ben	ERAL	6302 Cross Country Boulevard	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 USA
5-0020	X	BY FOI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Mexicen, Puerto Rican, atc.) 1 YES 2 NO Specify: 1. YES 2 NO Specify: 1. Spe
- 0	nse as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of worth title Do NOT use at	SUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY belief) 19th 18b. KIND OF BUSINESS/INDUSTRY belief) 19th 18b. KIND OF BUSINESS/INDUSTRY
JD 2	detached for use once.	MPLE	Elementary/Secondary (0-12) College (1-4 or 5 +)	ivers Helper B. Green & Co.
YLAND d by the hospif	8 T	BE CO	17. FATHER'S NAME (First, Middle, Last) Ernest E. Ford	18. MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Jackson
	5 should be notified at	10		CORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21215 2ross Country Blvd Baltimore, Maryla
BALTIMORE, after death. Page 6 may be	the funeral director, page wal. al examiner must be		20e. METHOD OF DISPOSITION 1	DISPOSITION (Name of place) 9 28 9 4
IM Page	direc		4 Donation 5 Other (Specify) Greenmoun	t Cemetery Baltimore, Maryland
BALTIMO er death. Page 6	al. examiner		Sery Harris	5240 Reisterstown Rd Chatman-Harris F/H Baltimore, Maryl
	d in by the or remova medical		23. PART/i. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line.	enter the mode of dying, such as cardiac or reapiretory arrest, Approximate
a s	€ 6 E		IMMEDIATE CAUSE (Final	interval Between Onset and Death
68760 ecuted with	completely file fal, cremation, cevent, the		reaulting in death) 8. HUPO YENSON OUR TO (OR AS A CONSEQUENCE OF):	19day
99 Xecu	and pur	ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	19days
BOX ate be	physician ne prior to er traun	CATION	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c. Right Femus Pat	thologic Fracture 19 days
	ing phy giene p	RTIF	that initiated eventa resulting in death) LAST	
eath P	e H	SER	resulting in death) LAST Prostate Canci	er- unknum
RDS at the	by the at and Mentz y Injury,	AL	PART II. Other significant conditiona contributing to death but not resulting in t	the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO
ECOF quires tha	has been signed I Dept. of Health a n 23 shows any	MEDIC		1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
RECO!	as been signed Jept, of Health 23 shows an	N: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF E	DEATH YES INO DEATH
TAL The law	e has te Dep m 23	CIAN	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF OEATH (Check only one)
VIT.	certificate h the State I , or item	S	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4	DTHER: Nursing Home 5 Residence 8 Other (Specify)
O \f	red with	у РНУ	27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY	
DIVISION DR ATTENDING	after d	TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Momicide determined 28e. PLACE OF INJURY — At home, term, streed building, etc. (Specify)	pet, tectory, office 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)
DIV		J.E.	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a	at the time, date end place, end due to the ceuse(s) end menner as stated.
HOSPITAL		COMPLE		In my opinion, death occured at the time, date end piece, end due to the ceuse(s) end manner es stated.
THE HO	TO THE FUNERAL be filed within 72 IMPORTANT: II	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
6	E & G	TO B	Chuber MO)	PL-9838 > 25 Sept 1994
/			30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	int) j

and the same of the same may yell of the

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3

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or removal. medical

filled in by

signed by the attending physician and completely fille Health and Mental Hygiene prior to bunal, cremation,

this certificate has been with the State Oept, of

OIRECTOR: After the hours after death w

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR HANCOCK CARNELIA 09-94 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
08-25-26 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 YRS. 225-38-2524 68 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2532 E. FAYETTE STREET RECTOR NONE BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 5 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2532 E. FAYETTE STREET 21231 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1X Never Merried 2 Married FORCES? 1 YES 2 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced AFRICAN AMERICAN 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H Flamentery/Secondary (0-12) College (1-4 or 5 +) COMPL HOUSEKEEPER 10TH HOSPITAL NONE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surne CHARLIE HANCOCK HELEN POLLARD BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAMIE HARVEY 2532 E. FAYETTE ST. BALTO, MD. 21231 20e. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 Surial 2 Cremetion 3 Removal from State
4 Doneside 5 Other (Specify) ZION CEMETERY 9/26/94 BALTO, MD. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON STREET BALTO, MD. 21213 23. PART i. Enter the dieeeses, or complicatione that ceused the death. Do not enter the mode of dying, such ea cerdiec or reepiratory arreet, ehock, or heert feilure. List only one cause on sect line. Approximate intarvai Between Onset and Daath IMMEDIATE CAUSE (Finei disease or condition resulting in death) Metastatic COLON CANCER 6 months DUE TO (OR AS A CONSEQUENCE OF): COLON CARCINOMA 6month CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART ii. Other significent conditione contributing to death but not reculting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL 1) LIVER Metastasis from COLON CONCOR PHYSICIAN:

	J(J,) (10)11 CE	1 _ YES 2 NO	COMPLETION OF CAUSE				
2) Resection of DID TOBACCO USE CONTI	of large bowe				DF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28. PLAC HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	CE OF DEATH (Check		6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not be determined	200. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, fac	tory, offica	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,		
29e. CERTIFIER (Check only one) CERTIFYING PHYSI	CIAN: To the best of my knowledge, de	ath occurred at the	time, date end piece, and du	e to the cause(s) end menner es stated.			

2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, desth occured at the time, date end place, and due to the cause(s) end menner es stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) lunas

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PUNTABI Health Center 2900 diver Street M.D. Berea

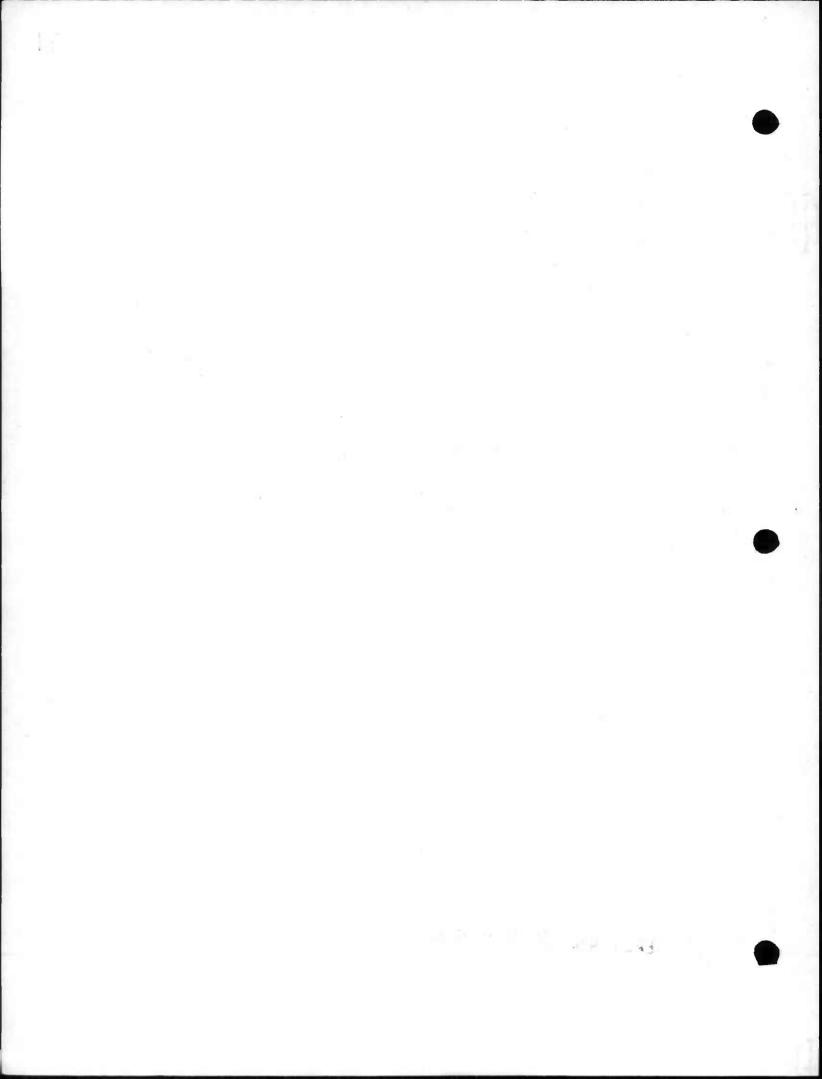
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62, REGISTRANS SIGNATURAL

Baltimore MD 21213

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	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
- 1	1. DECEDENT'S NAME (First, Middle, Last)	GLADYS		NRY		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vrs.		NRY		09 8	71	041) M		
TOR	245-20-7419	1 □ M 2√ F 72	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-19-2	2 NOR	TH CAROLIN		
	9e. FACILITY NAME (If not institution, give street end number) CHURCH HOME HOSPITAL				IMORE C		9c. COUNTY OF DEATH NONE			
[[RESIDENCE OF DECEDENT									
- DIRECTOR	MARYLAND 10e. STREET AND NUMBER	NONE		BALTIMORE CIT			TY i			
FUNERAL	1400 MADISON ST. APT. 405			101	21205			WHAT COUNTRY? D STATES		
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried XXWIdowed 4 Divorced	ARMED NO	13. WAS DEC		CE — Americen Indien, ick, White, etc. AN AMERICA					
윤	15. DECEDENT'S EDU (Specify only highest grade	completed)	DECEDENT'S US (Give kind of work	k done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)		ilie. Do NOT use i	etired.)		PR:	IVATE			
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)			
BE	Tyler BRANCH					WALKER				
2	190. INFORMANT'S NAME (Type/Print) CHRISTINA HILL					Route Number, City or Tox				
	20e. METHOD OF DISPOSITION	20b. PLAC	EANDDATEOF	DISPOSITION /Na	man 0/3		AD, NEW	YORK11550		
	XXBuriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ioval from State cemetery.	crematory or other	r niece i	2/-	1,		. 21220		
	21. SIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME								
Н	Cayum D	- Xcrigg	-Atu	1412	E. PRES	STON ST.	BALTO	,MD. 21213		
	23. PART I. Enter the diseases, pr ahock, pr heart feilure. IMMEDIATE CAUSE (Final disease pr condition	List only one cause on each li	death. Do not ine.	anter tha mo	da of dying, suci	h as cardiac or resp	iratory arreat,	Approximate interval Batween Onset and Death		
	resulting in death)	a. DUE TO (OR AS A CONS	SEOUENCE OF):	(ASCV	'D)			years		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):									
FICA	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A CONS	SEQUENCE OF):							
ER	resulting in death) LAST									
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS									
DICAL	(premo					RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED	Tofeeted	1 (leg				1 _ YES		OF DEATH?		
	DID TOBACCO USE	CONTRIBUTE TO CA	AUSE OF	DEATH	YES N	0 🗆				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)									
HYSI	1 YES 2 NO	1 Inpatient 2 ER/Outpatient	3 🗆 DOA 4	☐ Nursing Hom	e 5 🗆 Reeldence					
ву Рн	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME (Y WO	URY AT RK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCURED			
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY — At building, etc. (Specify)	home, ferm, atre	et, fectory, offic		281. LOCATION (Street City or Town, State	and Number or Rura	Route Number,		
COMPLET	29e. CERTIFIER (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)									
00	2 MEDICAL EXAMINER: Un the beete of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner ee stated.									
TO BE	290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) \$\int O 9 \rightarrow 5 \rightarrow 5 \rightarrow 9 \rightarrow 5 \rightarrow									
F	W-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IXEM 27) (Type, Print). W-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IXEM 27) (Type, Print). BOLFS. MD 2/33/									
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	,	- 0	1					
- 5	SEP 6 0 1334 /	The same of the sa								



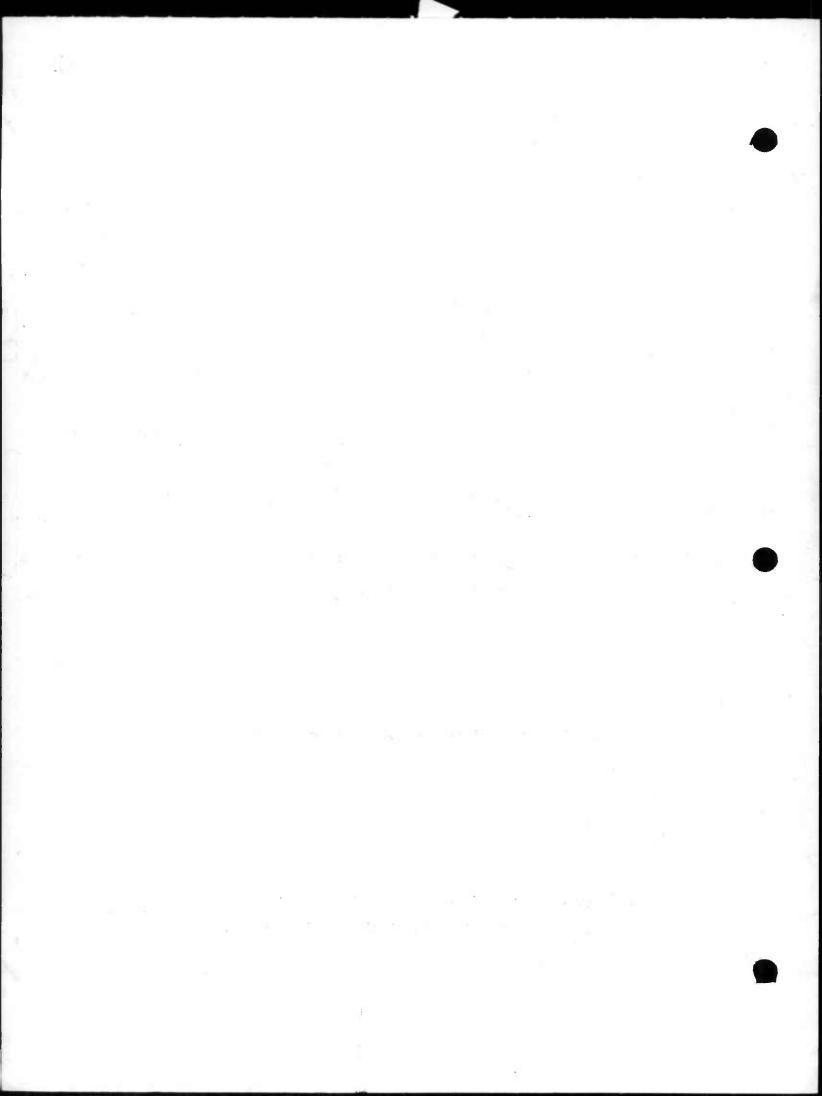
BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flower lead to be may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	N - Y	3. TIME OF DEATH		
	MARIA THERESA HILL 4. SOCIAL SECURITY NUMBER 5. SEX						09 . 24	. 44	10 - PM		
DIRECTOR	215-03-3466		YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.		1915	BIRTNPLACE (State or Foreign Country) MARYLAND		
	99. FACILITY NAME (If not institution, give street and numi STELLA MARIS RESIDENCE OF DECEMENT					N LOCATION OF DE	9c. COUNTY OF DEATH BALTIMORE				
EC	100. STATE 10b. COUNTY ANNE	Y, TOWN OR	LOCATH	ON		10d. INSIDE CITY LIMITS?					
	MARYLAND BAKAXMOR		PASA	-			1 🗌 YES				
FUNERAL	100. STREET AND NUMBER 1960 POPLAR RIDGE ROAD			10f.	21122		10g. CITIZEI	N OF WHAT COUNTRY?			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMEI					NDENT OF HISPAN	or No— 14	I. RACE American Indian,			
ğ	1 Never Merried 2 Merried FORCES 3 Wildowed 4 Divorced IF YES,		If yee, specify Cuban, Mexicon, Puarto Rican, etc.) 1 Tes 2 No Specify:					Specify: WHITE			
	(Specify only highest grade completed) (Give			DENT'S USUAL OCCUPATION ISB. KIND OF B kind of work done during most of working NOT use retired.)					STRY		
COMPLEIED	Elementery/Secondary (0-12) College (1-4 or 5+)			MAKER			HOUSE				
200	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
۳ ا	JOSEPH AUBURGER 190. INFORMANT'S NAME (Type/Print)	100	MAUNIC	ADDRESS	701		ESA YOUNGE				
2	MARY E. ECKART						BURNIE, MI				
	20a, METNOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Removal from St	20b. PLACEA	NDDATE	OF DISPOSIT	ION (Narr	ne of	DATE 20c. LO	CATION — City	y or Town, State		
	Donation 5 Other (Specify) MEADUWRIDGE CEMETERY 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STALLINGS FUNERAL HOME, P.A.								, MD		
	· Ztel Stel	LP 1.		ST/	ÄĽĽÏ 11 M	NGS FUNI OUNTAIN	ĔŔÁL HOME, ROAD, PASA	P.A. ADENA	MD 21122		
HILICALION	23. PART I. Enter the disease, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, above, or heart failure. List pnly one online provided line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Approximate Interval Batween Onset and Daath Samos		
2	resulting in death) LAST										
MEDICAL	PART II. Other algorificant conditions contribut						PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	26. PLA	CE OF DEATH (Ch		•	,		
2		nt 2 ER/Outpatient 3		4 - Nurair	ng Nome		Other (Specify) 28d. DESCRIBE HOW II	Hospid			
10	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?									
	3 Suicide 6 Could not be 4 Nomicide determined	ACE OF INJURY — At hor illding, atc. (Specify)	ne, ferm,	atreet, factor	y, office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,		
OMPLEIED	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es ateted. EXAMINER: On the basele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated.										
0 85 0	Cherdal Cfaultilino D25643 19/26/							SIGNED (Month, Day, Year) 26/94			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) DR. KENDALL R. FAULKNER, MD 2300 DULANEY VALLEY RD., TOWSON, MD 21204										
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE											



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	DECEDENT'S NAME (First, Middle, Last) FRANK	7.7	, m, n,		2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH	٦	
			ETER		9-25-94				М	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	MO	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	NPLACE (State or Foreign		
	248-18-8290 1 ⋅ M ² □ F 77	YRS.		MIN.	12-06-1	6	SOU		INA	
~	9a. FACILITY NAME (If not institution, give street and number)	91	96. CITY, TOWN OR LOCATION OF DEATN BALTIMORE CITY NONE							
0	JOHNS HOPKINS HOSP.		NONE							
DIRECTOR	10d. INSIDE CITY	\exists								
E		LIMITS?								
	MARYLAND NONE 100. STREET AND NUMBER		BALTIMORE CITY				10g. CITIZEN OF WNAT COUNTRY?			
E I	1205 N. EDEN STREET				213					
FUNERAL	1205 N. EDEN STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS D		IC ORIGIN? (Specify Yes			STATES		
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes,	specify Cuban, Maxica ES 2 NO Specify	n, Puarto Rican, atc.)		Speci	E — American Indian, k, Whita, atc.	- 4	
BY	3 Wildowed 4 Divorced	-		X	AF	RIC	AN A	MERICAN		
COMPLETED	15. DECEDENT'S EDUCATION 16a. D (Specify only highest grade completed) (6	ECEDENT'S US	UAL OCCUPA	TION post of working	16b. KIND OF BUS	INESS/IND	USTRY		٦.	
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)	e. Do NOT use re	tired.)	-						
₹	2ND. NONE SEI	LF EMP	LOYE	D	ENTR	EPRE	ENEUR			
8	17. FATNER'S NAME (First, Middle, Last) LEWIS JETER				AME (First, Middle, Maiden Surname)					
띪					ETTA GRE					
2					Route Number, City or Town			VI		
	Propriessor and the Control of the C		_				HALL,MD.21128			
	1 Burial 2 Cremation 3 X Ramoval from Stata cemetery, cr	AND DATE OF D emetory or other	plece)	/	194	ATION -				
	4 Donyflon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UCINESE	JE /RID		EMETERY AND ADDRESS OF FAM		TON	CO.	SOUTH CA		
	III B X	Χ.	CAL	VIN B. S	CRUGGS F	INER	AT.	HOME 2121	VA.	
	Calver Discussor	dr.	1 1 4 1 2	Z E. PRE	STON STR	E FT	PΛ	I'LO' WD	.4	
	23. PART I. Enter the diseases, or complications that caused he peath. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final	0-		0.	11	1)	1	Onset and Daat		
- 1	disease or condition resulting in death)	Con	ges	Luce	Hear	ヘナ	nu	are		
	DUE TO (OR AS A CONSE	OUENCE OF):	0	210	. 17		· ·			
CERTIFICATION	Sequentially list conditions, DUDTO IOR AS A CONSEQUENCE OF:									
¥	cause. Enter UNDERLYING	~1	An	Jen	oca les	DC1	1	j		
필	CAUSE (Disease or Injury that Initiated events DUE TO JOR AS A CONSE	QUENCE OF	(4,		- +	- , ज	4	_		
듄	resulting in death) LAST							!		
- 11	DART II Out a build out on the									
DICAL	PART II. Other significant conditions contributing to death but not	raaulting in t	he undariyi	ng causa given in	Part I. 24a. WAS AN / PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	gri anno	ma	~ T	John John	1 _ YES %	□ NO		COMPLETION OF CAUSE DF DEATH?	- 1	
M	max Jung desi				_ _ (1 TES 2 NO		
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	ATH YES		UNCERTAIN	1 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLA EXAMINER?			7						
XS.	1 YES 2 NO t Inpetient 2 ER/Outpetient	B DOA 4	THER: Nursing Ho	$\overline{}$	8 Other (Specify)					
	27. MANNER OF DEATN 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	V	UÚRY AT ORK?	28d. DEŞCRIBE HOW IN	JURY OCC	URED			
à l	2 Accident investigation			YES 2 NO					_	
	3 Suicide 8 Could not be datermined 28s. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, stree	it, factory, off	lca	28t. LOCATION (Street as City or Town, State)	nd Number	or Rural F	Route Number,	1	
	29a CEUTIEIED					_			_	
OMPL	29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ᅙ 당 	One) 2 MEDICAL EXAMINER: On the basis of examination and/or	investigation, in	n my opinion,	death occured at the	time, data and placa, and	due to the	e cause(a) and manner as stated.		
8	290 SIGNATURE AND TITLE OF CERTIFIER	2 21		29c. LICENSE NUM	1850	29d. DATE	SIGNED	(Month, Day, Year)	7	
2	ha make the	e c	1	Σ	VI 132	•	Y	26/97		
	D. S. BELTRAM									
	31. DATE FILER (MONTE) DOUGH Juli 32 Hacketing Revolution								7	

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DIVISION OF VITAL RECORDS, P.O. I	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR	TO THE FUNERAL DIRE	be filed within 72 hour.	IMPORTANT: It item

	1 - STATE OF MARYL REGISTRAR		TMENT OF H		MENTAL HYGIENI	E	
1	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	v v-	3. TIME OF DEATH
	ANNE KINSLER				9 25		
- 3		'In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. B	IRTHPLACE (State or Foreign ountry)
	263-16-2628 1 M 2 X F 7 9e. FACILITY NAME (If not institution, give street and number)	6 YRS.			10/1/19		Lorida
œ	4110 Fairview Avenue			r location of de imore	EATH	9c. COUNTY (OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT		Dalt.	тщоте			
RE	10a. STATE 10b. COUNTY	100	Y, TOWN OR LOCATE				10d. INSIDE CITY LIMITS?
	Maryland	E	Baltimo				1 X YES 2 NO
RAI	10o. STREET AND NUMBER 4110 Fairview Avenue		10f.	ZIP CODE		-	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI	21216	IIC ORIGIN? (Specify Yes		JSA RACE — American Indian.
	1 Never Married 2 Married FORCES? 1 YES	2 XNO	If yea, spe		n, Puarto Rican, atc.)		Black, White, atc.
ВУ	3 X Widowed 4 Divorced			M			Black
TE	15. OECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATIO		166. KIND OF BUS	INESS/INDUSTR	₹Y
7	Elementary/Secondary (0-12) College (1-4 or 5 +)		keeping	ī	Roya1	Furni	iture Co.
COMPLETED	6th 17. FATHER'S NAME (First, Middle, Last)		1		ME (First, Middle, Maiden :	Surname)	
BE C	Reginald Kinsler				Dailey	55111211157	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street or		Route Number, City or Town	, State, Zip Code)
F	Spence Saffore	4110	Fairvi	ew Aven	ue Balt	0., MI	21216
	1 N Burial 2 N Cremation 3 Ramoval from State cert	etery, crematory or of	OF DISPOSITION (Nar ther place)			CATION — City of	11925
	4 Donetion 5 Other (Specify)	Metro C	remator	D ADDRESS OF FAI	9/28 Cat	onsvi	lle, MD
	208m1 (1) (1)	11 11	- LERO	Y O. DY	ETT & SO		ERAL HOME NUE 21207
	23. PARY Enter the diseases, or complications that caused	he death. Do n	obt enter the mod	le of dying, such	h se cerdiec or reepir	atory erreat,	Approximate
	shock, or heart ellule. List only one cause on immediate cause (Final	ech line.					Intervei Between Onset and Deeth
		rolia	& The	Laret	win		
1	DUETO (OR AS A	CONSEQUENCE OF	j: (
No.	Sequentially list conditions,	CONSEQUENCE OF					
CERTIFICATION	ceuse. Enter UNDERLYING	CONSCOURNCE OF	-)-				i J
Ë	thet mittered events	CONSEQUENCE OF	7:				
E	resulting in death) LAST						
AL C	PART II. Other eignificent conditione contributing to death b	ut not recuiting i	n the underlying	ceuse given In	Pert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
Š	Hy Restension				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	00					1	OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAIN	۷ 🗆		
CA	EXAMINER? HOSPITAL:	28. PLACE OF DEAT	H (Check only one) OTHER:				
IXS	1 VES 2 NO 1 Inpatient 2 ER/Outp		4 - Nursing Home		6 Other (Specify)		
	1 Natural 5 Pending (Month, Oay, Year)	26b. TIMI	URY WOR		26d. DESCRIBE HOW IN	JURY OCCURE	0
ě	2 Accident Investigation 3 Suicide 6 Could not be	— At home, ferm, a		2 1 10	28f. LOCATION (Street a)	nd Number or Ru	ral Route Number
	4 Homicide detarmined building, etc. (Spec	ify)			City or Town, State)		
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowl	ledge, death occurre	d at the time, date of	and place, and due	to the cause(s) and manu	ner se stated	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of axamination						se(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NUM	IBER	29d. DATE SIGN	NED (Mopth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	TH (ITEM 27) (T-	Period)	N 461	150	- 4/2	-6/44
	BICH DUONG, MO	3100 7	3 wans	la AV	Baltir	nore	MD21215
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNA						
	SEP 2 8 1994 Juin Sanden K	medit					
							DHMH-16 Rev 1/89

3. TIME OF OEATH 3:22A 8. BIRTHPLACE (State or Foreign Country) Louisiana

Bldg#2, Columbia, MD 21045

2. DATE OF DEATH MONTH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AND ATTENDED MINOCOMMITTED CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.
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DR BERG

SEP 28 1994

1 - FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

		WALLACE	ELKINS	KENDA	LL		9-17-94	+	3:22A M
		4. SOCIAL SECURITY NUMBER 436 14 1154	5. SEX 6. AGE	(In yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 10 - 15		BIRTHPLACE (State or Foreign Country) Louisiana
should		9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH
60	2	9002 Dunlogs	gin Road		E11	icott C:	itv		rd County
1, 2,	티티	RESIDENCE OF DECEDENT			211	100000	LCy	mowai	id County
permit. Pages	DIRECTOR	Maryland Ho	ward Count		Y, TOWN OR LOC	ation Ott City			10d. INSIDE CITY LIMITS? 1 YES 2 NO
Der mi	AL A	10e. STREET AND NUMBER				IOI. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	NERAL	9002 Dunlogg				2104	2		USA
215-0020 attending physician. ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yea,		NIC ORIGIN? (Specify Yes, Puerto Rican, atc.) y:	e or No—	I. RACE — American Indian, Black, Whita, etc. Specify:
215-00 attending se as the		15. DECEDENT'S EDU		3-68 16a. DECEDENT'S	LIBUAL COCURA				White
		(Specify only highest grade	completed)	(Give kind of a	work done during r	nost of working	166. KIND OF BU	ral G	
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			istant			rity Office
AND the hospit detached once.	<u>8</u>	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maider		-
# 8 € € ₹	EC	William Wall	ace Kenda	11			Mabel		kins
MARYL retained by 5 should be notified at	m	19a. INFORMANT'S NAME (Type/Print) W	fe: Esther	19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or Tox	wn, State, Zip C	ode)
M. e retz e 5 s	임	Son: William H	Kendall				e,Baltimo		
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		20a. METHOD OF DISPOSITION 1	oval from State ce	Db. PLACE AND DATE of metery, cremetory or o	OF DISPOSITION (y or Town, Stata
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LI	ENSBERonald	Wade, Di	22. NAME	AND ADDRESS OF FA	GLITY Stat	te Ana	atomy board
ALT death. funera		655W. Baltimore St, Balto, MD21201							
with cours pletely filled in termation, or referent the median		23. PART i. Enter the diseases, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only one cause on	eech line.		ate Ca		iratory errea	Approximeta Interval Batween Onset and Deeth Plo year
O.O. BOX 68 or certificate be execunding physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE O					
RECORDS, requires that the deapen signed by the att of Health and Menta shows any Injury,	MEDICAL	PART II. Other significent condition	e contributing to deeth	but not resulting	in the underlyi	ng ceuse given in	Part i, 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
law law	AN	25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF DEATH (Ch	eck only one)		
VITAL CIAN: The I crifficate ha the State D or Item 2	SICI/	EXAMINER?	HOSPITAL:	tootlast 3 DOA	OTHER:	11			
OF VITA PHYSICIAN: The this certificate h with the State [PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY		4 Nursing Ho	NURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
O E E E 0	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	IURY V	YORK? YES 2 NO			==
ISIC TTENDI TTENDI TTOR: A after d	ETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp.	ty — At home, farm, ecify)	street, factory, of	lice	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
国政党			CIAN: To the best of my kno						
	COMP	2 MEDICAL EXAMINE	:H: Un the basis of axaminati	on end/or investigation	on, in my opinion,	death occured at the	time, data and place, a	nd due to the o	cause(a) and menner as stated.
TO THE HOSPI TO THE FUNES be filed within	O BE (29h. SIGNATURE AND TITLE OF GERTIFIE FAULY BLY	gMD.			D309	MBER 28	29d. DATE S	IGNED (Month, Day, Year) 22/94

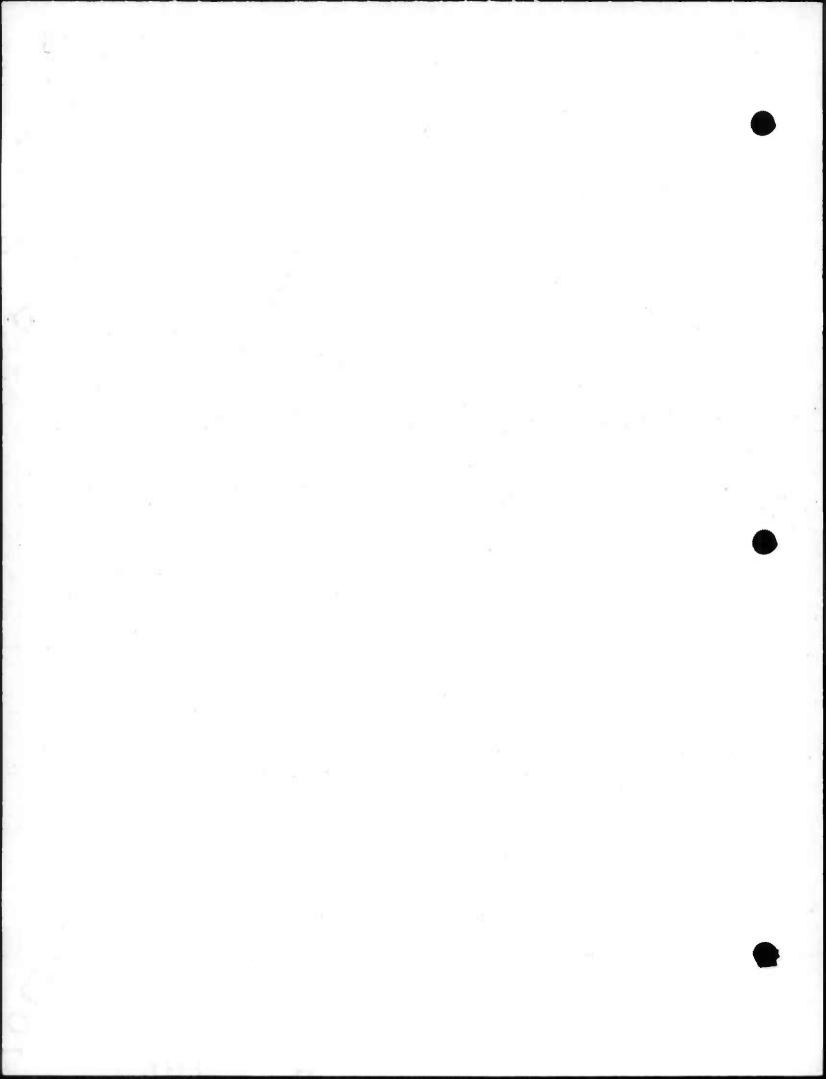
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE 1: As internal

2 Knoll North Drive

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

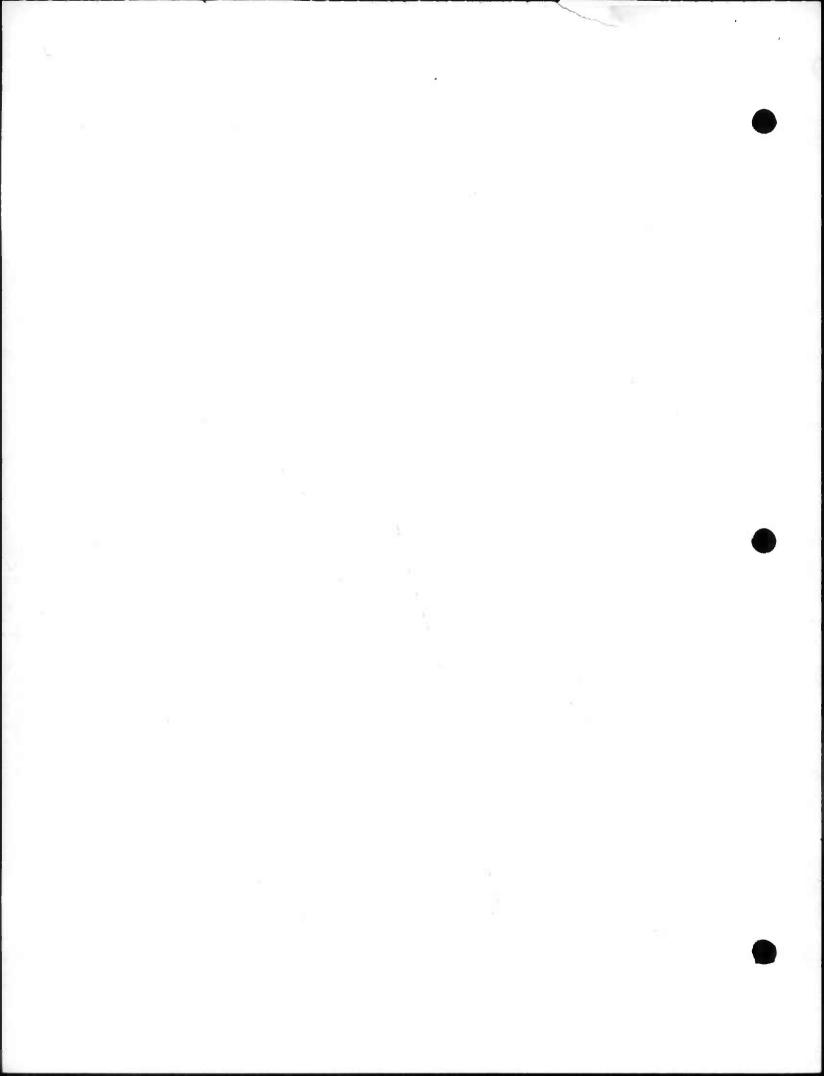


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JAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Penes 1, 2 should	smation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compl	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic even

FOR 1 - STATE PEGISTRAP STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		- CI	2NIIII	CATE	UF	DEAL	П	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lest) CHARLOTTE D). KRA	UCH						Sept. 2	7 199	YEAR	3. TIME OF DEATH 7:20 AM
	4. SOCIAL SECURITY NUMBER			a break at a T		WEAT				, 133		
	4. SOCIAL SECURITY NUMBER 217-05-7172	5. SEX 6.	AGE (In yrs. les		IF UNDER 1	YEAR DAYS	HOURS 2	MINI	7. DATE OF BIRTH (Month, Day, Year)	017	Count	
	9e. FACILITY NAME (If not institution, give st		//		DL CITU	DOM:	1		Sept. 8,1			ryland
œ	Meridian N. H		,				DR LOCATIO			1	INTY OF C	
5	RESIDENCE OF DECEDENT	Locii naver	<u> </u>		Bal	LUTU	nore (Joun	ьу	I R	ltin	lore
DIRECTOR	10e. STATE 10b. COUNTY	ltimore		10c. CITY	TOWN OR		rion ea/Fu:	ller	ton			10d. INSIDE CITY LIMITS? 1 YES Y NO
	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	42 Henry Avenue						213	236			US	SA
٤	11. MARITAL STATUS	12. WAS DECEDENT EX			13. W	AS DEC	ENDENT OF	HISPAN	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	a or No-	14, RAC Blac	E — Americen Indien,
B⊀	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					*XIX NO				Spec	
E I	15. DECEDENT'S EDUC (Specify only highest grade		16e. DE	CEDENT'S I	Ork done du	UPATIO	ON ist of working	,	16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12) 12th grade	Coilege (1-4 or 5+)			retired.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		,	Clerk					Feder		verr	nment
8	Howard Dodd								ME (First, Middle, Meider	Surname)		
H	19a. INFORMANT'S NAME (Type/Print)		100	h MAII INC	ADDRESS	Ctmant -			Ruppert oute Number, City or Tov	on Photo T	- 0-7	
2	Mr. Frank A. Darn	ev. Jr.							ve Balto.			986
			20b. PLACE					DIT		CATION -		
	20s. METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 Remote Donation 5 Other (Specify)		cemptery, cre		^{rer} Ceme	ter	ry S		-94 Ba	ltimo		
	21. SIGNATURE OF FUNERAL SERVICE LIC)/		22. N	ass'	ahn F	บก็ย์ใ	al Home			
	Jassafn Te	eneral 1	Home						Rd. Balto.	, Md	. 21	236
	23. PART I. Entar tha diseasea, pr o ahock, or heert failura.	omplications that ca Listonly one ceuse	used tha de	ath. Do n	ot entar ti	ha mo	de of dyin	g, such	as cerdiac or resp	iratory er	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	X		1	-	1	> 1 -		0.			Onsat and Daeth
ļ	disease or condition resulting in deeth)	175	31/20	200	u Ì	7	14,0	en.	anla			24-48/2
_	1	DUE TO (OR	AS A CONSE	OUENCE OF): 	14	2	10	0.1			112 200
O	Sequentially list conditions,	DUE TO (OR	AS A CONSE	DUENCE OF	nor	1/0	71	01	Let !		/	TOIMNU
CAT	If any, leeding to immediate cause. Enter UNDERLYING		2000		Dom	h	Son	in	Rute	rel	- 15	1865un
Ĕ	CAUSE (Diseese or Injury that initiated events		AS A CORSE	- 1):		0	1			0	1/2
CERTIFICATION	resulting in deeth) LAST	2/1	11)	nu	gen	29	you	-el/	nere.			le todyn
	PART II. Other significant condition	s contributing to das	th but not r	esultina ir	the und	erlylna	ceuse al	ven in i	Part I. 24a. WAS AN	AUTODEV	241	. WERE AUTOPSY FINDINGS
EDICAL	(anile)	Son X	n. Ži				a occae Ai		PERFO	RMED?	- 140	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Supplor	Dinteres	to be	no	Ph.	ila	t drum		1 YES :	HO		OF DEATH?
Σ	DID TOBACCO USE CONTR	DIRITE TO CAUS	E OF DEA	TH VE	SUN	0 [LINICE	ALATO				1 TYES 2 THO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	UBUTE TO CAUS		E OF DEAT			PUNCE	KIAIN				
딩	EXAMINER?	HOSPITAL:			OTHER!							
¥	27. MANNER OF DEATH	28e. DATE OF INJ	JRY	28b. TIME			URY AT	_	8 Other (Specily) 28d. DESCRIBE HOW	NJURY OO	CURED	
	1- Natural 5 Pending	(Month, Day, Y		INJU		WO	RK?		Lou. DESCRIBE NUW	INJURY UC	COMED	
BY	2 Accident Investigation 3 Suicide 8 Could get be	28a. PLACE OF IN	JURY At ho	me, ferm, st	reel, factor				281. LOCATION (Street	and Numbe	r or Aumil	Route Number
COMPLETED	4 Homicide 8 Could not be detarmined	building, atc.	(Specify)		111				City or Town, State	- Trumbe	. or rural l	rumon,
LE LE	29a. CERTIFIER (Check only	CIAN: To the best of my	knowledge, de	ath occurred	at the time	e, date	end place	and due t	to the cause(s) and ma	nner er et-	ted	
8	one) 2 MEDICAL EXAMINE											s) end menner ee stated.
	296. SIGNATURE AND TULE OF CENTIFIER	1	11				29c. LICEN			_		(Mores, DayAssar)
BE C	Michal	111/1	Can	~		ŀ	02	71	63	1	7/5	7/916
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	DEATH (ITE	М 27) (Туре,	Print)		20	, ц	, ,	-	10	117
	Dr. Michael Hyle 0	3530 Walth	er Ave			ο.,	Md.	(319	9-9155)	්		70
	31. SEP 28 1994	32. REGISTRAR'S	SIGNATURE									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Z4 h	at The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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BE 2 3 Sulcida

4 Homicide

94 28347 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9/25/94 George Stephen KILDUFF 8:45 pm. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12-7-37 IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. Maryland 218-34-1006 1 [X] M 2 [] F VRS 56 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT Maryland Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6900 D Lachlan Circle 21239 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 \(\subseteq \text{YES} \) 2 \(\subseteq \text{YO} \) IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Analyst Computer Bendix Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) S. Bartlett Elizabeth Kilduff Pfarr 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Routa Number, City or Town, State, Zip Code) same as #10a - #10f Rita A. Davis 20a. METHOD OF DISPOSITION
1 Burial 2 A Cremation 3
4 Donation File Other /South 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Hilltop Service 9-28-94 Balto. Co., Md. 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, 500 Inc. 5305 Harford Rd. Balto. Md 21214 23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or haart failura. List only ona cause on each lina. Interval Batweer **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition Carcinomatosis resulting in death) QUE TO (OR AS A CONSEQUENCE OF): Larcinoma of the Lung Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST

PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 57 YES 2 NO OF DEATH? 1 KT YES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES $oxed{k}$ NO $oxed{l}$ Uncertain $oxed{l}$ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one **EXAMINER?** HOSPITAL:

XXInpatient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify, 28a. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO 2 Accident

29a. CERTIFIER (Check only	1 🔀 CERTIFYING PHYSICIAN: To the beat of my knowledge, dear	h occurred at the time, data and place, a	and due to the cause(a) and manner as atated

28a. PLACE OF INJURY — At home, term, etreet, factory, offica building, etc. (Specify)

The second Extended to the second of examination and/or investig	mon, in my opinion, datath occurred at the time, data and place	s, and due to the cause(s) and manner as stated
an excusion up on a charles		
THE SHOWING THE CONCERN FIRM	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
296. SIGNATURE AND TITLE OF ESTITUTE.	A62328417 17612	► 9/25/94

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

E. Battle, M.D. 9000 Franklin Square Drive Baltimore, MD

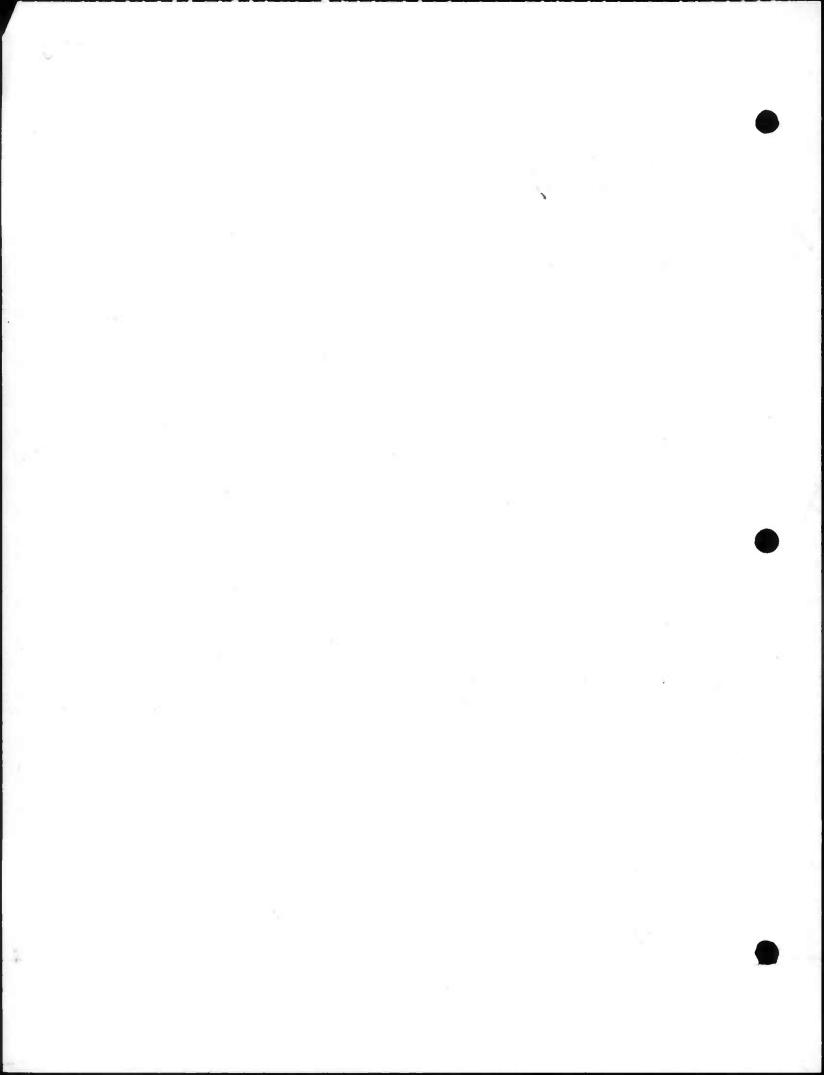
SEP2 8 1994 Julia Hardistra Saldhalline

8 Could not be

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last) BERNARD	LIVINGSTON	1	JR	2. DATE OF DEATH SEPTEMBER	, 19 , 1999	3. TIME OF DEATH 4 06:40 A M		
		4. SOCIAL SECURITY NUMBER 214-88-8566 1	EX 6. AGE (In yrs. lest I	oirthday) IF UNDER 1 YEA MONTHS DAY:		7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign		
2, 3 should	ECTOR	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
r. Pages 1,	DIREC	100. STATE 100. COUNTY		10c. CITY, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS? 1 D ES 2 NO			
r. Insit permit.	FUNERAL	3535 VIKGI	nia Ar	e.	10f. ZIP CODE	215	10g. CITIZEN OF V			
215-0020 attending physician. se as the burial-transit	BY FUN	1 Never Merried 2 D Merried F	MS OECEDENT EVER IN U.S. ARM ORCES? 1 TYES 2 NO YES, GIVE WAR OR OATES	If yes,	DECENOENT OF HISPAN specify Cuban Mexican (ES 2 NO Specify		or No — 14. RACE Black	- American Indien, c, White, etc.		
21 al or for us	COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade comple Elementar/Secondary (0-12) Colle	(Give	EDENT'S USUAL OCCUPY o kind of work done during to NOT use retired.)	ATION most of working	16b. KIND OF BUSI	NESS/INDUSTRA	// meccep		
YLA by the be del	BE CON	Beknard NV	ngoten s	Sr.	18. MOTHER'S NAM	ME (First, Middle, Maiden S	Dovi.	5		
be re	10	190. INFORMANT'S NAME (Type/Print)	ngstowsk 3	MAILING ADDRESS (Street	et and Number or Rugel R	outs Number, City or Town,	State, Zip Code)	1215		
		20s, METHOD OF DISPOSITION 1 Burisi 2 Crumpton 3 Temoval fre 4 Donation 5 Office (Society) 21. SIGNATURE OF SUMPAL SERVICE LICENSEE	om State cemelery, cremi	MT L	ion	La	n sdor	va Mol		
ALT death. e funera il.		· leve July	Antle	50	AND ADDRESS OF FAC	Lex H	1634 Bros	N.		
760, ed within 24 nours ompletely filled in bil, cremation, or rer event, the medi	7	23. PART I. Enter the disease, or compile abook, or heart failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	cations that caused the destinity one cause on each line. A C gured T EVE TO (DR AS A CONSEOU MY CObactor					Approximate Interval Between Onset and Death		
P.O. BOX th certificate be ex ending physician a I Hygiene prior to or other traum	CERTIFICATION	if any, leeding to immediate	DUE TO (OR AS A CONSEQUENT OF CONSEQUENT)	ENCE OF):				24 hrs.		
RECORDS requires that the d been signed by the t. of Health and Mei	MEDICAL	Acquired Imm Acquired Imm DID TOBACCO USE CONTRIBUT	comply	my Syn	drome	PERFORM 1 YES 2	NED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
OF VITAL R PHYSICIAN: The law n this certificate has be with the State Dept. i ked, or Item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OF DEATH (Check only or OTHER:						
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate ha s after death with the State D	ву РНУ	- /-		28b. TIME OF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED			
DIVISION OR ATTENDING F DIRECTOR: After hours after death tem 28 is mar			8e. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, street, factory, of	fice	28t. LOCATION (Street an City or Town, State)	d Number or Rural R	oute Number,		
로 보었는	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To come one) 2 MEDICAL EXAMINER: On the	to the best of my knowledge, desti- the basis of examination and/or inv	eatigation, in my opinion	ate end piece, end dua t	to the ceuse(s) and menn	er ee stated. dus to the ceuse(e	end menner ae stated.		
TO THE HOSPI TO THE FUNER be filed within	TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	the mis	•	29c. LICENSE NUM		29d. DATE SIGNED	(Month, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WHO COME DAV 1D ALLE	N GARCI		ns Hopk	no Hosp	1720 6	00 M Wolfe St 21208-		
		31. DAY SEP 28 1994	2. REGISTRAR'S SIGNATURE				5	Z1205-		



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; MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physi-
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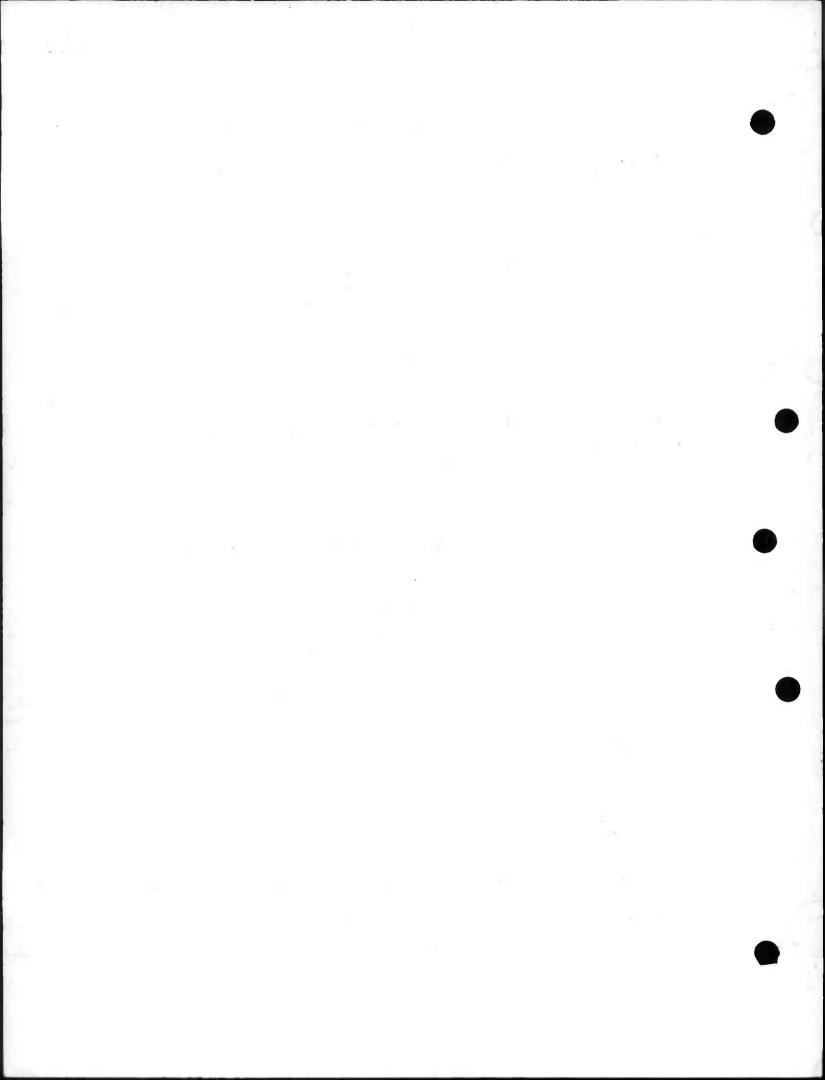
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Tours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

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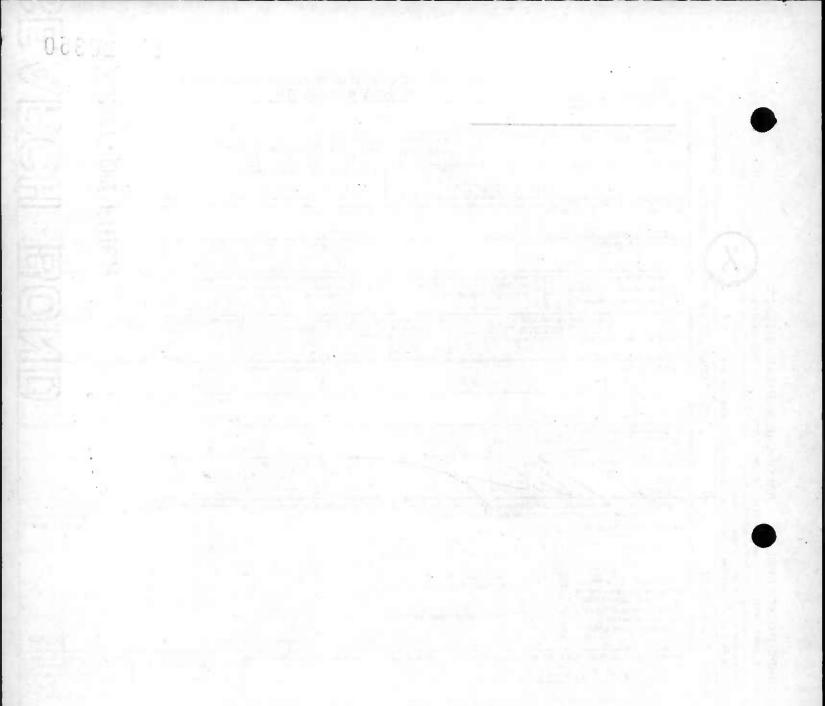
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	DELORES Brown	MISTER	2. DATE OF DEATH MONTH DAY 5	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 2 19-22-2537 9a. FACILITY NAME (If not institution, give s	1 M 2 V F VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 5-6-27	BIRTNPLACE (State or Foreign Country)					
TOR	9a. FACILITY NAME (If not institution, give street and number) Porthuest Medical Center Randalls town Presidence of Decedent 9c. County of Death Presidence of Decedent									
DIRECTOR	10a. STATE 10b. COUNT		town or Location		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL		een Head Rd	101. ZIP CODE 2/24	4 10g. CITIZEI	10g. CITIZEN OF WHAT COUNTRY?					
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specifi	an, Puarto Rican, etc.)	. RACE — American Indian, Black, Whita, afc. Specify: Black					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secredary, (0-12)		JSUAL OCCUPATION ork done during most of working relired.)	18b. KIND OF BUSINESS/INDUS	TRY					
BE COME	17. FATHERIO NAME (First, Middle, Last)	Herson	18. MOTNER'S NA	AME (First, Middle, Meiden Sumerne),	gh					
TO B	19a. INFORMANT'S NAME (Type/Print) Dehora ES	treet 3200	ADDRESS (String and Number or Rural	Route Number, City or Town, State, Zip Co ad Rd Balte	Med 21244					
	204_METHOD OF DISPOSITION 1	- hami	son torest	PATE 20c. LOCATION - CH	y or Town, Stata 5 Mills, Hd					
	Sala	March	22. NAME AND ADDRESS OF FA	A. Wast	- Aue					
	23. PART I. Enter the diseases, Dr shock, Dr heert fellure.	complications that caused the death. Do not List only one cause on each line.	ot enter the mode of dying, suc	h es cerdiac or respiratory arres	t, Approximate Interval Between					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A CONSEQUENCE OF)	CIRRHOSH	OF LIVER	Onset and Death					
LION	Sequentially list conditions, if any, leading to immediate	b. C.O.P.D DUE TO (OR AS A CONSEQUENCE OF)	• ^		1					
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. PNEW NON DUE TO (OR AS A CONSEQUENCE DF)) <i>D</i> ·							
	PART II. Other algorificent condition	a. ns contributing to deeth but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL		South Dating to devel Dat not resulting in	The underlying ceuse given in	PERFORMEDY 1 YES 2 NO	24b, WENE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C/	neck only one)						
HYSI	1 TYES 2 NO 27. MANNER OF DEATH		4 Nursing Home 5 Residence	8 Other (Specify)	PED.					
ВУ Р	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJU	M 1 YES 2 NO							
	3 Suicide a Could not be detarmined	28a. PLACE OF INJURY — At home, ferm, at building, etc. (Specify)	reef, factory, offica	281. LOCATION (Street and Number or City or Town, State)	Rural Floute Number,					
COMPLETED		SICIAN: To the best of my knowledge, death occurred ER: On the basis of examination and/or investigation								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	MEDICAL HOWED	FILE D43	MBER 29d. DATE S	IGNED (Month, Day, Year) 124 '94					
	OFFICE , AND	HD COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	RAN DAUSTO	WN						
	SEP 2 8 1994	32. REGISTRAR'S SIGNATURE								



Item 1, g-715, 9-28-94, per F.H. dr FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Isobel May Never 25 09 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fornior Month Day, Your 1 M 2 X F 219-30-0181 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Charlestown Retirement Home DIRECTOR Catonsville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Catonsville 1 TES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 709 Maiden Choice Lane #FH229 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 2 BALTIMORE, MARYLAND 21215-0020 retained by the hospital or attending physical 1 Never Married 2 Married Specify: White 1 YES 2 NO Specify: BY the ! 3 ₩ Widowed 4 Divorced USe as ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) for Elementary/Secondary (0-12) COMPL funeral director, page 5 should be detached 12th Grade School Teacher Balto. City Education 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Walter Ports Daisy Hissey BE notified 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles H. Meyer, Jr. 13604 Brookline Road Baldwin, MD a pe 20a. METHOD OF DISPOSITION

1 Duriel 2 Cremation 3 Re

4 Donation 5 Other (Specify) Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 9/29/94 Woodlawn, MD Woodlawn 22. NAME AND ADDRESS OF FACILITY
Johnson Funeral Home examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE ours after death. 8521 Loch Raven Blvd. 21286 towson, MD and completely filled in by the burial, cremation, or removal. the medical 23 PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between cremation, or Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) heumonio event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): 0 D traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate attending physician cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 signed by the atte PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO HYPER TENSION any COMPLETION OF CAUSE 1 YES 2 NO Shows 1 YES 2 NO 10 PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL DR ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check only one) Item certificate to the State EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, 1erm, street, 1ectory, office building, atc. (Specify) DIRECTOR: At hours after de Item 28 Is r 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 8 Could not be COMPLETED 4 🗌 Homicide 29a. CERTIFIER (Check only 1/ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
De filed within 72 ho
SMPORTANT: If Ite 2 MEDICAL EXAMINER: On 1h nd/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Se 026 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ê BERNARD MD LOVS KY MAIDEN CHOICE LA 21228 111 31. DATE FILED (Mogato, De SEP 1994

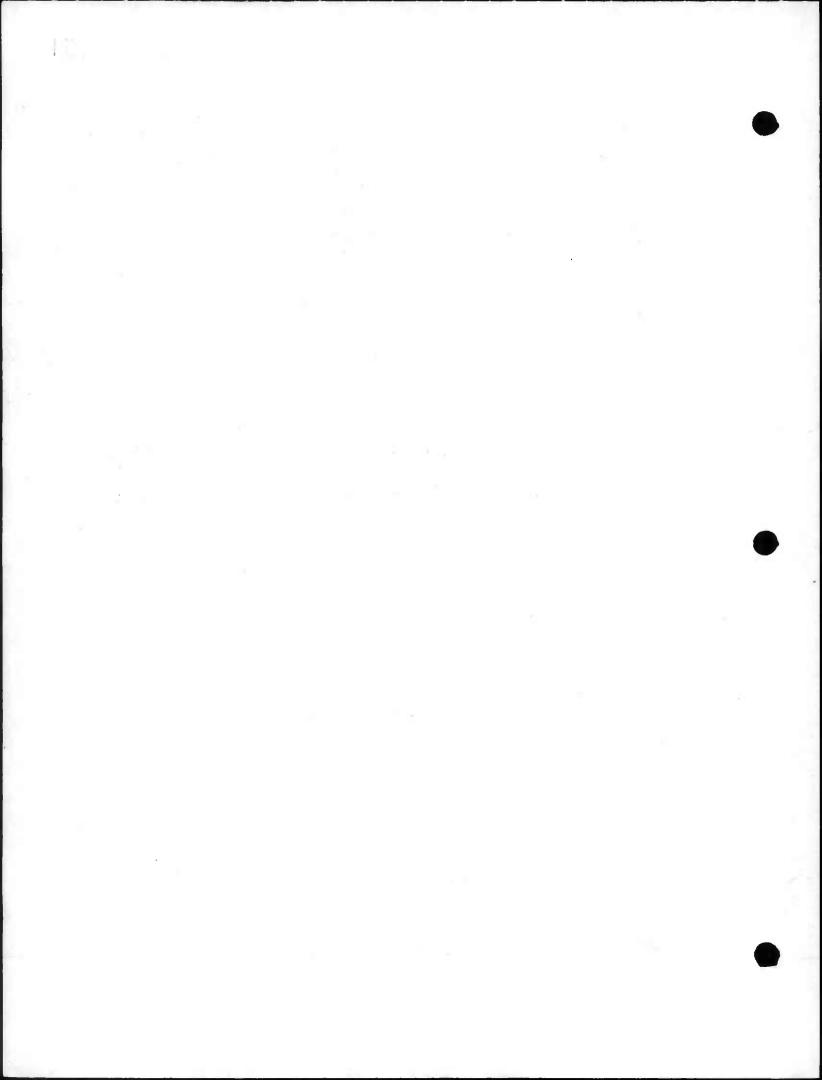


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed with. hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oppt, of Health and Mental Hygiene prior to burial, cremation, or removal.

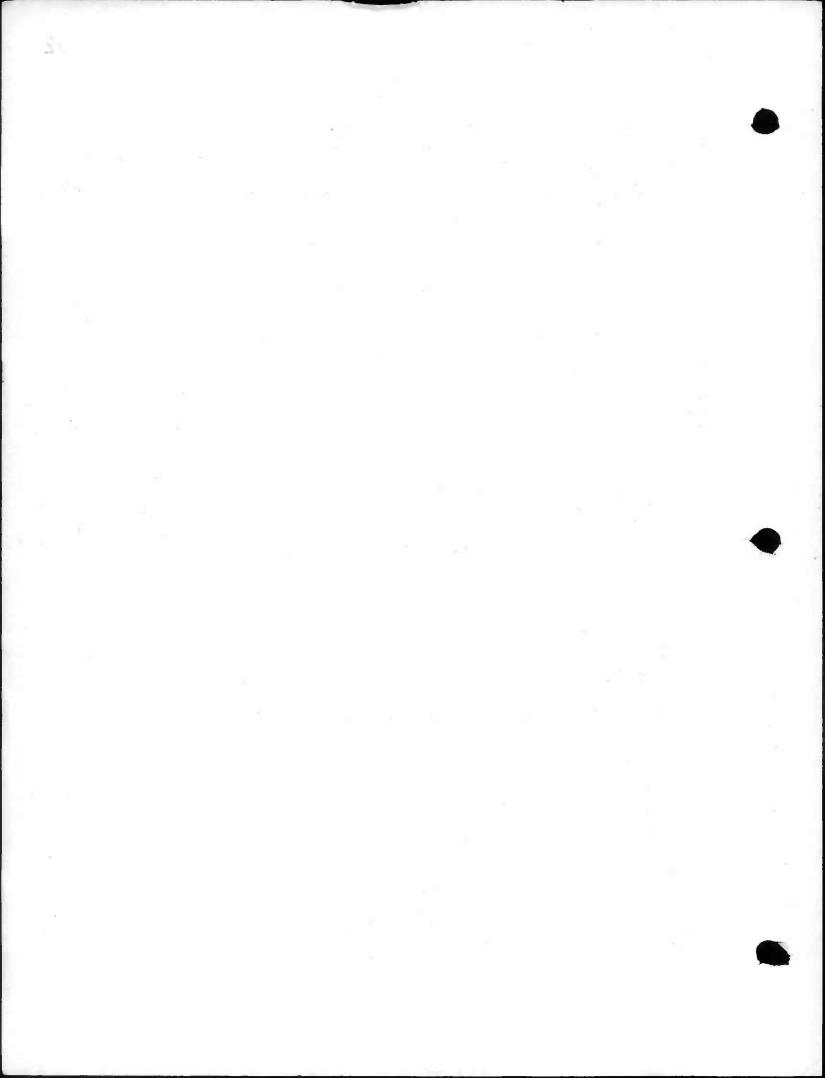
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)			*		2. DATE OF DEATH		3.	TIME OF DE	ATH
	ROMAN LOUIS OLSZEWSKI	-				9 25	94	YEAR	4.25	D #
	4. SOCIAL SECURITY NUMBER 5, SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				4:25 ACE (State or	
	217-20-0099 'X'			ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 28 - 19		Country)	/land	_
	9a. FACILITY NAME (If not institution, give street and nu	mber)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	TY OF DEA		
E E	Fort Howard Va.						Ba	ltin	nore	
١ĸ	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10	d. INSIDE CI	TY
<u>a</u>	Md. Baltir	nore	i	Dunda:	lk			1	YES 2	NO NO
1	10e. STREET AND NUMBER			10	r. ZIP CODE		10g. CITIZ	EN OF WH	T COUNTRY	?
E	1705 Woodlyn Ave 21222 USA							USA		
FUNERAL								American In	dian	
									Vhite, alc.	utent,
B										е
<u>a</u>	15. DECEDENT'S EDUCATION	1	6a. DECEDENT'S U	SUAL OCCUPAT	ON	16b, KIND OF BU	ISINESS/INDI	ISTRY		
1 🖺	(Specify only highest grade completed)		(Give kind of wo	ork done during m retired.)	ost of working	1001 14110 01 00		,,,,,,,		
12	Elementary/Secondary (0-12) College 12th	(1-4 or 5 +)	Delive							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			2		ME (First, Middle, Maider				
8	John B. Olszews	ki				en A. Bie				
띪	19a. INFORMANT'S NAME (Type/Print)	- T								
2	Dorothy A. Panow:	ioz				Route Number, City or Tox				
1						Joppa. M				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from		LACE AND DATE OF		eme of	9/30 Ba	OCATION - C	ity or Town	State N. J	
	4 Donation 5 Other (Specify)	Нс	ly Ros				TCIM	ore,	Ma.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		11.		ND ADDRESS OF FA			c D	. 3 - 11	
114	I Colt	nnel	Vic-	7110	erry ru	neral Ho s Pt. Rd	me o	r Du	ndali	ζ
	23. PART I. Enter the diseases, Dr complicat	ons that caused t	he death. Do no	t enter the m	SOTIET	b se cerdiec or reer	dretory erro	nual	K Z I z	
	ehock, or heert fellure. List only	one cause on eac	h line		out of dyning, soc	in ac cordict or recp	matory one		Interval	Between
1 1	IMMEDIATE CAUSE (Final disease or condition	ampara							Onset a	nd Daath
	resulting in death) a	SEPSIS								
1 1		DUE TO (OR AS A C	ONSEQUENCE OF)	:					İ	
Z	Sequentially list conditions, b.									
CERTIFICATION	If any, leeding to immediate	DUE TO (OR AS A C	ONSEQUENCE OF)	:						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury									
≝	thet initiated evente resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE DF)							
H	d								-	
	PART II. Other eignificant conditions contrib	uting to death but	not resulting in	the underlyli	a ceuse alven in	Pert I. 24s. WAS AI	ALITTOPEV	245 W	ERE AUTOPSY	EINDINGS
DICAL					g coose given in	PERFO	RMED?	A	MILABLE PRIC	OR TO
						1 XYES	2 NO		DEATH?	CAUGE
Z				_				1	XYES 2	NO
	DID TOBACCO USE CONTR	RIBUTE TO C	AUSE OF	DEATH	YES NO	XX				
18	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL			LACE OF DEATH (Ch	eck only one)				
Š	1 N YES 2 □ NO 12X Inpar	TAL: tlent 2 - ER/Outpat	ent 3 🗆 DOA	OTHER: Nursing Ho	ne 5 🗆 Rasidence	6 Other (Specify)				
		DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. JN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCC	URED		
£		(MOIRII, Day, Ioai)	INSO		YES 2 NO					
Y PHYSICIAN:	1 X Natural 5 Pending									
BY	2 Accident Investigation	PLACE OF INJURY -	At home, larm, at	reet, factory, offi	Ca	28f. LOCATION (Street	and Number (or Rural Rou	te Number,	
BY	2 Accident Investigation	PLACE OF INJURY — building, atc. (Specify	At home, larm, at	reet, factory, offi	ca.	281. LOCATION (Street City or Town, State		or Rural Rou	te Number,	
BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify	·			City or Town, State)		te Number,	
BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	building, atc. (Specify	ge, death occurred	at the time, dat	a and place, and due	City or Town, State to line cause(a) and ma	nner aa state	d.		
BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	building, atc. (Specify	ge, death occurred	at the time, dat	a and place, and due	City or Town, State to line cause(a) and ma	nner aa state	d.		a stated.
E COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	building, atc. (Specify	ge, death occurred	at the time, dat	a and place, and due	City or Town, State to the cause(a) and ma	nner as state	d. cause(a) a		
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 MEDICAL EXAMINER: On the latest and the country of the latest and the latest an	building, atc. (Specify	ge, death occurred	at the time, dat	a and place, and due death occured at the	City or Town, State to the cause(a) and ma	nner as state	d. cause(a) a	nd manner as	
E COMPLETED BY	2 Accident 3 Sulcide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the Original Check only 2 MEDICAL EXAMINER: On the I	building, etc. (Specify tal best of my knowled basis of sxamination s TED CAUSE OF DEAT	lge, death occurred ind/or investigation H (ITEM 27) (Type, f	I at the time, dat , in my opinion,	e and place, and due death occured at the 29c. LICENSE NUI	City or Town, State to the cause(a) and ms lime, data and place, a	inner as state and due to the	d. cause(a) a	nd manner as	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the interpretation of	building, etc. (Specify tal best of my knowled basis of sxamination s TED CAUSE OF DEAT	lge, death occurred ind/or investigation H (ITEM 27) (Type, f	I at the time, dat , in my opinion,	e and place, and due death occured at the 29c. LICENSE NUI	City or Town, State to the cause(a) and ms lime, data and place, a	inner as state and due to the	d. cause(a) a	nd manner as	
BE COMPLETED BY	2 Accident 3 Sulcide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the label of the labe	building, etc. (Specify tal best of my knowled basis of sxamination s TED CAUSE OF DEAT	ige, death occurred ind/or investigation ind/or investigation ind/or investigation ind/or investigation individual indivi	I at the time, dat , in my opinion,	e and place, and due death occured at the 29c. LICENSE NUI	City or Town, State to the cause(a) and ms lime, data and place, a	inner as state and due to the	d. cause(a) a	nd manner as	



FOR STATE REGISTRAR

		REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO).		
		1. DECEDENT'S NAME (First, Middle, Last) STephen	Douglas			Ker	SEPT 2	4,1994		
무		4. SOCIAL SECURITY NUMBER 219-52-7754	1 🔯 M 2 🗆 F	in yrs. last birthday) 43 YRS.		AYS HOURS MIN.	7. DATE OF BIRTH	0 .	BIRTHPLACE (State or Foreign Country)	
. 2, 3 should	стов	90. FACILITY NAME (If not institution, give st 800 N. MONROE RESIDENCE OF DECEDENT				BALTIMOR		9c. COUNTY	OF DEATH	
ages 1,	DIREC	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY	
permit. Pages		MD 100. STREET AND NUMBER		В	ALTIM			The second	1 X YES 2 NO	
125	FUNERAL	800 N. MONROE			1 1000	101. ZIP CODE 2121			U.S.A.	
the in o	В	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 3NO	It ye	B DECENDENT OF HISPAI 18, specify Cuben, Maxica VES 2 NO Specif	an, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc.	
D 2121 spital or atte	COMPLETED	15. DECEDENT'S EDUC (Specify on will threat grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT us	work done durin	ng most of working	025-1425-5-54	USINESS/INDUST	IPLOYED	
AN the hos detach	COM	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	AME (First, Middle, Maider	n Surname)		
3 6 A	BE	JAMES PEAKER 198. INFORMANT'S NAME (Type/Print)		405 MAII ING		BERTH		ESTON		
	2	BERTHA PEAKER				NROE ST.			•	
FORE, e 6 may be ector, page		20s. METHOD OF DISPOSITION 1-√2 Burisl 2 □ Cremetion 3 □ Remo		PLACE AND DATE	OF DISPOSITIO			OCATION — City		
TIMO h. Page 6 eral directo		4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	L	OUDON C	CEMET	ERY ME AND ADDRESS OF FA	9/28 B7	ALTIMO	RE, MD.	
BALTIMORE, fours after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be:		Lulland	(roma)	tee	112	29 N. CAF	BETTS ROLINE ST	r. BAL	AL HOME TO,MD21213	
in by reme			omplications that caused List only one cause on as	tha daath. Do rech line.	not antar the	moda of dying, suc	h aa cardlac or reap	olratory arrest,	Approximate Interval Between	
# 6 B	4	IMMEDIATE CAUSE (Final disease or condition	My Coback	Prium -	aville	m infer	him		Onset and Death	
68760; ecuted within nd completely illife burial, cremation, atic event, the		reaulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(107)		7	
	NO NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	PFI:					
P.O. BOX 68: h certificate be execute anding physician and c Hydlene prior to buris or other traumatic	ICATION	cause. Enter UNDERLYING								
certification of tygiene	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
	빙	name it Orban algoldings angelding	l	-						
ORC that th ed by th th and any in	EDICAL	PART II. Other significant condition		ut not resulting	In the under	lying causa givan in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
St. of	W ::	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	F DEATH	I YES NO			1 TES 2 NO	
2 e s a	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (Ch				
Eerlif the	HYSICI,	1 - YES 2 - NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output	etlent 3 DOA	4 - Nursing	Home 5 Residence	6 Other (Specify) 28d. DEŞCRIBE HOW	In steel occite		
O 5 8 8 8 9	ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	WORK?	26d. DESCRIBE NOW	INJUNT OCCUM	EU	
TISIC ATTENDI CTOR: A after d	ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	At home, term,	street, tactory,	office	26t. LOCATION (Street City or Town, State	and Number or F	Tural Route Number,	
	COMPLE	0001 —	CIAN: To the best of my knowledge: R: On the bests of examination						iuse(a) and manner as atated.	
TO THE HOSPITA TO THE FUNERAL Be filed within 72 IMPORTANT; II	BE	296, SIGNATURE AND TITLE OF CERTIFIER	ever 1	111		29c. LICENSE NUI	MBER 7.59	29d. DATE SIG	GNED (Month, Day, Year)	
F F 0 =	요	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA			10.0.		/-		
′		CLAIRE BEIS 31. DATE-FILED ASSOCIATION DEV. ASSOCIATION	ER, MD	BOX	165	225.6	REENE	ST.	34670 21201	
		SEP 2 8 1994	Juni Danison-Ran	-dell						



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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8:15 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) last birthday IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH ay year 2380 1 M 2 F 01 YRS. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Urcy HO DIRECTOR timore RESIDENCE OF DECEDENT 16b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland 1m01 1 YES 2 NO permit. DNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 212 USA Ave 3 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WILL 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced w)hite unknown Navv COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR urs after death. Page 6 may be retained by the hospital or are in by the funeral director, page 5 should be detached for use once. 18. MOTHER'S NAME (F notified at BE 2 pe 206. PLACE AND DATE OF DISE 20s. METHOD OF DISPOSITION
1 District 2 Cremation 3 Removal from State must ☐ Donation 5 ☐ Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximeta shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the chve Pulmonary Disease disease or condition resulting in death) event, executed prior to burial, traumatic CERTIFICATION the attending physician and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury certificate be or other that initiated events resulting in death) LAST requires that the death Mental Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO any COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO Shows 1 YES 2 NO this certificate has been a with the State Deot, of H ō THE HOSPITAL OR ATTENDING PHYSICIAN: The faw THE FUNERAL DIRECTOR: After this certificate has by filed within 72 hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 2 Accident 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT: It item 28 is marki 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and mann 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE al 7/27 0 30. NAME AND ADDRESS OF PERSON WHO COM 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 12, q-715, 9-28-94, per F.h., dr

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Menial Hyglene prior to burnal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAI REGISTRAR		TMENT OF H		ENTAL HYGIEN	E	
,	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
9	James Aaron Phillips				9 23	94	M
1		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	7. DATE OF BIRTN	8. BIRT	THPLACE (State or Foreign
- 6	250-12-2837 1½ M 2 □ F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) L-14-1905	Cour	SC
	9e. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOWN (OR LOCATION OF DEAT		9c. COUNTY OF	
OR	1109 N. Myrtle Ave.		Baltimo	ore		N/A	
ב	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						
DIRECTOR			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MD 10e, STREET AND NUMBER	Вал	timore	. ZIP CODE		40- OITITEN OF	1 X YES 2 □ NO WHAT COUNTRY?
FUNERAL	1109 N. MYRTLE AVENUE			21201		US.	
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	LS. ARMED	13 WAS DEC	ENDENT OF HISPANIC	OBIGIN2 (Specify Vec		CE — American Indian,
	1 Never Merried 2 Merried FORCES? 1 YES	2 XNO	If yes, sp	2 X NO Specify:	Puerto Ricen, etc.)	Bla	ck, White, etc.
В	3 📉 Widowed 4 🗌 Divorced		1 1 1 1 1 2 3	2 And specify.		Spe BL.	ACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S (Give kind of v	USUAL OCCUPATION OF HOME	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	
Ë	Elementery/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)	•	T. 65	10.037	
M	5th GRADE	LABOR	ER		FACT		
	17. FATNER'S NAME (First, Middle, Last) JAMES PHILLIPS			18. MOTHER'S NAME ELIZA	(First, Middle, Maiden	Surname)	
BE	JAMES PHILLIPS 19e. INFORMANT'S NAME (Type/Print)	405 14411 1940	1000000 (0)				
2	IDA PHILLIPS CAPER			nd Number or Rural Rou LE AVENUE,	-		21201
		_	F DISPOSITION (Na			CATION — City or 1	
	1 🖰 Buriel 2 🗆 Cremelton 3 🗆 Removal from Stats comete 4 🗆 Donailon S 🗀 Other (Specify)	ery, crematory or of	her place) CEMETERY	7			, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AN	ID ADDRESS OF FACIL	JTY		
	H Warth D. Ko	n)		H. BROWN			
	23. PART I. Enter tha diseases, or complications that ceused ti	he death. Do n					E, MD. 21223
	shock, or heart fellure. List only one ceuse on each	h line.			as caraias or respin	utory arrest,	intervel Between
	iMMEDIATE CAUSE (Final disease or condition	TO IC	CA	NCER			Onset and Daath
	reculting in death) a. DUE TO (OR AS A C	ONSEQUENCE OF	7:	100CK	·		<u> </u>
Z	Connected. Her conditions D.						
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF	7:				
5	CAUSE (Diseese or injury	ONSEQUENCE OF					
E	that initiated evente resulting in death) LAST	N IC	CAC	JCER			
	d. Off of	10 10					
AL	PART II. Other significent conditions contributing to deeth but	not resulting i	n the underlying	cause given in Pa	ert I. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIG					_ 1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
ME					_		1 TYES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF			UNCERTAIN			
S	EXAMINER? HOSPITAL:		N (Check only one) OTHER:) 1:	
148	1 ☐ YES 2 ☐ NO	ent 3 DOA					DSPICE
	1 Statural 5 Pending (Month, Day, Year)	INJ	URY WO	PK?	ed. DESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY —	At home, farm, a			81. LOCATION (Street a	nd Number or Burni	Bouts Number
COMPLETED	Suicios 6 Could not be building, stc. (Specify) Nomicide determined			-	City or Town, State)	THE THE THE PERSON OF THE PERSON	Troute Human,
٦	29s. CERTIFIER (Check only (Check only Indiana)	on death occurre	d at the time date	and place and due to	the course(s) and man		
ME	one) 2 MEDICAL EXAMINER: On the besis of examination s						(s) and menner ee atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUMBE			D (Mogh) Cay, Year)
H	N. Con Lithis	MO		1, 2		» 9/s	24/94
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type,	Print)			- 10	~/··/
	22.5. Green St. BA	-TIMO	DRE,1	nn			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATI	URE		9			
	SEP 28 1994 Friedenium Rin	GUE					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTII	FICATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
	GRADY	Α.	OUZ'	rs		MONTH	9 26	92	ear n/a M
	4. SOCIAL SECURITY HUMBER 5.	SEX	8. AGE (in yrs. last birthday		IF UNDER 24 HRS.	7. DATE O	OF BIRTH	8.	BIRTHPLACE (State or Foreign
	219-92-6916 x	☑ M 2 ☐ F	30 YRS.	MONTHS DAYS	HOURS MIN.	(Moath	. 2 3°,1 9	963 M	ARYLAND
	9e. FACILITY HAME (If not institution, give street			SH CITY TOWN	OR LOCATION OF D			9c. COUHTY	
Œ					TIMORE	CI	rv I	VC. COUNTY	
6	734 E. 20th Stre	eet	·	DAL	TIMORE	CI			n A
DIRECTOR	10e. STATE 10b. COUHTY		10c. C	TY, TOWN OR LOCA					10d. INSIDE CITY
H H	MARYLAND	n/a		BAL	TIMORE				LIMITS?
1	10e, STREET AND NUMBER			10	f. ZIP COOE			10- CITIZEN	X X YES 2 □ NO
RA	734 E. 20 TH	STREE	Т	1,5	21218			UNIT	ED STATES
BY FUNERAL			EVER JH U.S. ARMED			_			
교	1 X Xiever Merried 2 Married	FORCES? 1	YES 2 NO		CENCENT OF HISPAI ecity Cuben, Maxico			or Ho— 14.	. RACE — Americen Indian, Black, White, etc.
≽	3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO	1 TYES	2 X NO Specif	fy:		ľ	Specify: BLACK
	15. DECEDENT'S EDUCATE	ION	164 DECEDENT	S USUAL OCCUPATI	ON	401	VINO OF PUR		
E	(Specify only highest grade com-	npleted)	(Give kind o	work done during me	ost of working	100.	KIND OF BUSI	NESS/INOUS	IRY
2		ollege (1-4 or 5+)	I .	ORER			n /	/ 2	
COMPLETED	17. FATNER'S HAME (First, Middle, Last)	orrege	LAD	OKEK			· · · · · · · · · · · · · · · · · · ·		
	GRADY OUZTS				18. MOTNER'S NA		liddle, Maiden S WILL]	.,	
B									
0	190. IHFORMANT'S NAME (Type/Print) HELEN KNIGHT		19b. MAILIH 2 7 1	G ADORESS (Street	ond Number or Rural	Route Numb	er, City or Town,	State, Zip Co	, MD 21133
	HELEN KNIGHT		3/1	ZVALLL	1 11111	κυ,	DALI	LMOKE	, MD 21133
	20e METHOD OF DISPOSITION 1 ☑ Kurlal 2 ☐ Cremetion 3 ☐ Removal	from State	20b. PLACE AHD DATE	OF DISPOSITIOH (N		OATE			or Town, State
	4 Donetion 5 Other (Specify)		BALTIMO	REPARE CE	METERY	9-30	O BAL	_TIMO	RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME A	ND AGORESS OF FA	CILITY			
	+ Kin m.	y	201.						
	23. PART I. Entar the diseases, or com	,	7	Marc	hF.H.		101 E	Nort	
	ahock, or haart failura. List	only ona caus	e on each line.	not entar the me	da or dying, suc	n aa caru	ac or reapire	story arrest	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Ð	_						Onset and Death
	resulting in dasth)	rneun	jonia.						/week
			OR AS A CONSEQUENCE		4 .				
Z	Sequantially flat conditions, b	V158	minated	Mycoba	cheriva	nau	iumc	omo	lex 2 years
Ĕ	if any, leading to immediate	OUE TO (OR AS A CONSEQUENCE	OF): [2
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	710)) years
쁜	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	DF):					
CERTIFICATION	d								
ပ	PART II. Other significant conditions co	ontributing to d	leath but not regulting	in the underlyin	n course alves in	Post I	24a. WAS AN A	ITOBON	
DICAL	1 / 1	1	1. 1	in the onderlyin	y cause givan in	Part I.	PERFORM	EO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ě	Chronic activi	e hope	UIII) D.				1 TES 2	NO	COMPLETION OF CAUSE OF DEATN?
M									1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIB	UTE TO CAL	ISE OF DEATH Y	ES NO	UNCERTAIL	N 🗆			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DE	ATN (Check only one)					
Š	111		ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Non	e 5 🗆 Residence	8 🗆 Other	(Specify)		
=	27. MANNER OF DEATH	28e. DATE OF II (Month, Day			URY AT	28d. DE\$0	CRIBE HOW IN.	JURY OCCUR	ED
BY	1 Hstural 5 Pending 2 Accident Investigation	(inonin, buy	, 7007)		rES 2 HO				
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY - At home, ferm,	street, fectory, offic		28f. LOCA	TION (Street and	d Number or F	Rural Route Number,
ĒΙ	4 Nomicide determined	building, at	е. (эрөспу)			City o	r Town, State)		The second second
<u> </u>	29a. CERTIFIER		and the second				N	63 NT 7 +0 -0	
₽ B			y knowledge, death occur						
COMPLETED	2 MEDICAL EXAMINER: O	tria peere of axa	······wiioii end/or Investigat	on, in my opinion, d	eath occured at the	time, date	end piece, end	due to the ca	suse(a) and menner es stated.
w II	286. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER		29d. DATE SI	GNEO (Month, Day, Year)
0	SAUDI ME MO				D38	378		P9/1	27194
2	30, NAME AND ADDIVESS OF PERSON WHO CO	OMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e: Princ)	^			11	Ralhmore
	Joel E. Go	allant	MD. I	830 E.	Manua	nrat	St. S	te tur	1, 7,12,08
	31. OATE FILED (Month, Day 997)	32. REGISTRAR	S SIGNATURE		11710			_ ,,0	1 0100
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	المصافحات المستان المستدارة							

L.R.B. Item 4. Thru 19b, Film 715, 9/28/94, 1th Per: RW 91, 28356

Item 23a, Part 11, Item 27, 28a, b, c, d, e, f, Film 715, 9/28/941t, ocme

1 - STATE STATE REGISTRAR

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

-								REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE	OF DEATN		3. TIME OF DEATN
•	- 2	KENVON			ROBINS	CON	MONT	ËТ 03 ^м	100/	EAR 1.12D
	1		1			SON	SE.	PI 03	1994	4:42P M
	1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)			(0.0	OF BIRTN	8.	BIRTNPLACE (State or Foreign
		214-50-5784	1 🔀 M 2 🗌 F	4.6 YRS.	MONTHS DAY	B HOURS MIN.		124/48		Country)
Pin		9a. FACILITY NAME (If not institution, give	etroot and number		AL OUTH TOWN	1001000000		124/40		laryland
8	l ~					N OR LOCATION OF			9c. COUNTY	OF DEATN
ര്	Ö	1621 NORMAL A	VE.		Balt:	imore C	ity.	- 1		
· ·	15	RESIDENCE OF DECEDENT			1					
00es	DIRECTOR	10a. STATE 10b. COUN	TY	10c. CI	TY, TOWH OR LO	CATION				10d. INSIDE CITY
2	1 5	Maryland		n a	1 + 1	_				LIMITS?
i i		10e. STREET AND NUMBER		ва	ltimor					Λ.
2	 ₹	IN. STREET AND NOMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
nsii	FUNERAL	1621 Normal A	venue			21213			Yes	
iclar II-tra	15	11. MARITAL STATUS		T EVER IN U.S. ARMEO	13. WAS D	ECENDENT OF NISE	PANIC ORIGI	N? (Specify Yes		RACE — American Indian
D20		1 Never Married 2 Married	FORCES? 1	YES 2 NO	II yes,	specify Cuban, Max	ican, Puarto			RACE — American Indian, Black, White, atc.
1215-0020 or attending physician. r use as the burial-tran	☆	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES	1 U Y	ES 2 NO Spe	cify:			Specify:
S as t		Λ								Black
21 affer	圓	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	S USUAL OCCUPA work done during	TION most of working	168	. KIND OF BUSI	INESS/INOUS	TRY
21 or u	i iii	Elementary/Secondary (0-12)	College (1-4 or 5 +	III DO NOT	use retired.)	most or mortaling				
Spitt	교	1.7		Conot	ructio	20				
AN the hos detach	COMPLET	17. FATNER'S NAME (First, Middle, Last)		Loust	LUCLIO				The state of the s	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, 3 should at once.		Hubert M Ro	hincon			_	NAME (First,	Middle, Maiden S	iumame)	
A Y E	出	nabert n ko	DINSON			Eva				
MARYLAND retained by the hospit 5 should be detached notified at once.		19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	et and Number or Run	al Route Num	ber, City or Town,	State, Zip Coo	de) 70 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
MAR: retained 5 should	임	_Ronald Wade		S+	Angton	w Roard	1-659	S W B	altim	BaltimoreM
F 0 0 41		20a. METNOO OF DISPOSITION					. 05.			
BALTIMORE, or death. Page 6 may be the funeral director, page al.		1 Buriel 2 Cremation 3 Rer	noval from Stata	20b. PLACE AND DATE cemetery, cremetory or		(Name of	OAT	E 20c. LOC	ATION — City	or Town, Stata
D e e	1 1	4 Donation 5 Other (Specify)		-	outer pracey		i			
BALTIN fours after death. Pag of In by the funeral dis or removal. medical examiner	1 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME	AND ADDRESS OF	FACILITY			
The safe T	1 1	1 1 10	-1-	1	An	atomy F	loard	-655	U Ro	ltimore St
SA r de re fu	1 1	1000 15.10	March 1		4111	acomy	70 a L u	055		
afte afte		23. PART I. Enter the diseasea, Dr	complications that	caused the death. Do.	not enter the	node of dulan a	unh an ann	dian as sales	ка	lto
In the	1 1	ahock, or heart failura	List only one caus	se on each lina.	not unter the t	node or dying, a	acii aa car	orac or reapire	atory arrest	Approximate interval Between
and illed	1 1	IMMEDIATE CAUSE (Final								Onset and Death
# dioin	1 1	disease or condition reauiting in death)	0001	T 2777 4 2775 27		G T110101		T 0 11		
ted within fours after completely filled in by the fall, cremation, or removal sevent, the medical or	1 1	i reaulting in geath)	B. [] [] []		ADOOMIT					
0 TE S			DUE TO	THE AND N	ARCOTI	G INTOX	CLCAT	TON		
2 8 E		,	DUE TO	(OR AS A CONSEQUENCE (ARCOTI F):	C INTOX	CICAT	TON		
68760, accuted with and complete burial, cren			b	(OR AS A CONSEQUENCE (OF):	C INTOX	CICAT	LON		
e executed within an and complete r to bundal, crem		Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSEQUENCE (OF):	CINTOX	CICAT	TON		
DX 68 be execution and or to bur		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEQUENCE (OF):	CINTOX	CICAT	TON		
BOX 68 ficate be execuphysician and ne prior to bur ter traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO	(OR AS A CONSEQUENCE (OF):	CINTOX	CICAT	TON		
BOX 68 ficate be execuphysician and ne prior to bur ter traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	(OR AS A CONSEQUENCE (OF):	C INTOX	CICAT	ION		
P.O. BOX 68 th certificate be executed physician and I Hygiene prior to bur or other traumativ	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO	(OR AS A CONSEQUENCE (OF):	C INTOX	CIGAT	ION		
S, P.O. BOX 68 death certificate be execute attending physician and lental Hygiene prior to burny, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEQUENCE (DF): DF):					
S, P.O. BOX 68 death certificate be execute attending physician and lental Hygiene prior to burny, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEQUENCE (DF): DF):			248. WAS AN A		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ADS, P.O. BOX 68 It the death certificate be executly the attending physician and not Mental Hygiene prior to bur inlury, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEQUENCE (DF): DF):			24s. WAS AN A PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ORDS, P.O. BOX 68 that the death certificate be executed by the attending physician and the and Mental Hygiene prior to bur any injury, or other traumatic	MICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEQUENCE (DF): DF):			248. WAS AN A	AED?	AVAILABLE PRIOR TO
CORDS, P.O. BOX 68 sides that the death certificate be executed signed by the attending physician and Health and Mental Hygiene prior to bur was any injury, or other traumatic	MEDICAL CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions are significant conditions.	b. DUE TO (c. OUE TO (d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (death but not resulting	OF): OF): In the underly	ing cause givan	in Part I.	24s. WAS AN A PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECORDS, P.O. BOX 66 requires that the death certificate be executed been signed by the attending physician and it. of Health and Merital Hygiene prior to bur shows any injury, or other traumatic	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c. OUE TO (d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (death but not resulting	OF): OF): In the underly	ing cause givan	in Part I.	24s. WAS AN A PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
L RECORDS, P.O. BOX 68 law requires that the death cartificate be executed been signed by the attending physician and febr. or Health and Mental Hypiene prior to bur. 23 shows any injury, or other traumatic.	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT	b. DUE TO (c. OUE TO (d	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (death but not resulting	DF): OF): In the underly ES NO	ing cause givan	in Part I.	24s. WAS AN A PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
L RECORDS, P.O. BOX 68 law requires that the death cartificate be executed been signed by the attending physician and febr. or Health and Mental Hypiene prior to bur. 23 shows any injury, or other traumatic.	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (c. OUE TO (d. INS CONTRIBUTE TO CAI HOSPITAL:	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (death but not rasulting USE OF DEATH Y 28. PLACE OF DEA	DF): DF): In the underly ES NO NTH (Check only or	ing cause givan	in Part i.	24s. WAS AN A PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
L RECORDS, P.O. BOX 68 law requires that the death cartificate be executed been signed by the attending physician and febr. or Health and Mental Hypiene prior to bur. 23 shows any injury, or other traumatic.	YSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	b. DUE TO (c. OUE TO (d. Ins contributing to RIBUTE TO CAI HOSPITAL: 1 Inpetiant 2	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (death but not resulting USE OF DEATH Y 26. PLACE OF DEA	DF): DF): In the underly ES NO NTH (Check only or OTHER: 4 Nursing N	UNCERTA UNCERTA Dome 5 X Rasidence	in Part i.	24s. WAS AN A PERFORM 1 YES 2 [ÆD? □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
TVITAL RECORDS, P.O. BOX 66 ICIAN: The law requires that the death cartificate be executoristicate has been signed by the attending physician and the State Dept. of Health and Mental Hygiene prior to bur, or item 23 shows any injury, or other traumatic.	YSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	b. DUE TO (c. OUE TO (d. INS CONTRIBUTE TO CAI HOSPITAL:	(OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (DF): DF): In the underly ES NO NTH (Check only or OTHER: 4 Nursing N ME OF 28c. I	UNCERTA UNCERTA Dome 5 X Rasidence NJURY AT	in Part i.	24s. WAS AN A PERFORM	ÆD? □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 09-23-1994 YEAR Bernadette C. Raspa 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 12-08-1943 217-40-7306 1 M 2XXF 50 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATN 9c. COUNTY OF DEATH 5906 Point Pleasant Road DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5906 Point Pleasant Road and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. 21206 United States hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced B∀ 1 TES 2 NO Specify: White COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) Insurance 10 Kelly Murry once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Leo Majors Margaret Goeb at notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Francis Raspa, 5906 Point Pleasant Rd. Balto., MD 21206 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Mount Cemetery 9/24 Green Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Home 1901 Eastern Ave. Balto 21231 medical 21. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heert failure. List only one cause on sech lins. Approximate intarval Batween IMMEDIATE CAUSE (Final Onset end Death the disease or condition___ more Lung resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 the atten Mental F PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE and any Obs muchie Luzy signed t 1 TYES 2 THO OF DEATH? 1 YES 2 NO certificate has been s the State Oept, of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I OOA 6 Other (Specify) 6 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) Netteral 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED this c 28c. INJURY AT marked, WORK? 5 Pending Investigation 1 YES DIRECTOR: After the hours after death vitem 28 is mark BY Accident 28s. PLACE OF INJURY — At home, ferm, streaf, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide HOSPITAL OR 29a. CERTIFIER QERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I MEDICAL EXAMINER: On the TO THE HOSPITA
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IMPORTANT: I ition and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 8 29c. LICENSE NUMBER 0 DEATH (ITEM 27) (Type, Print)

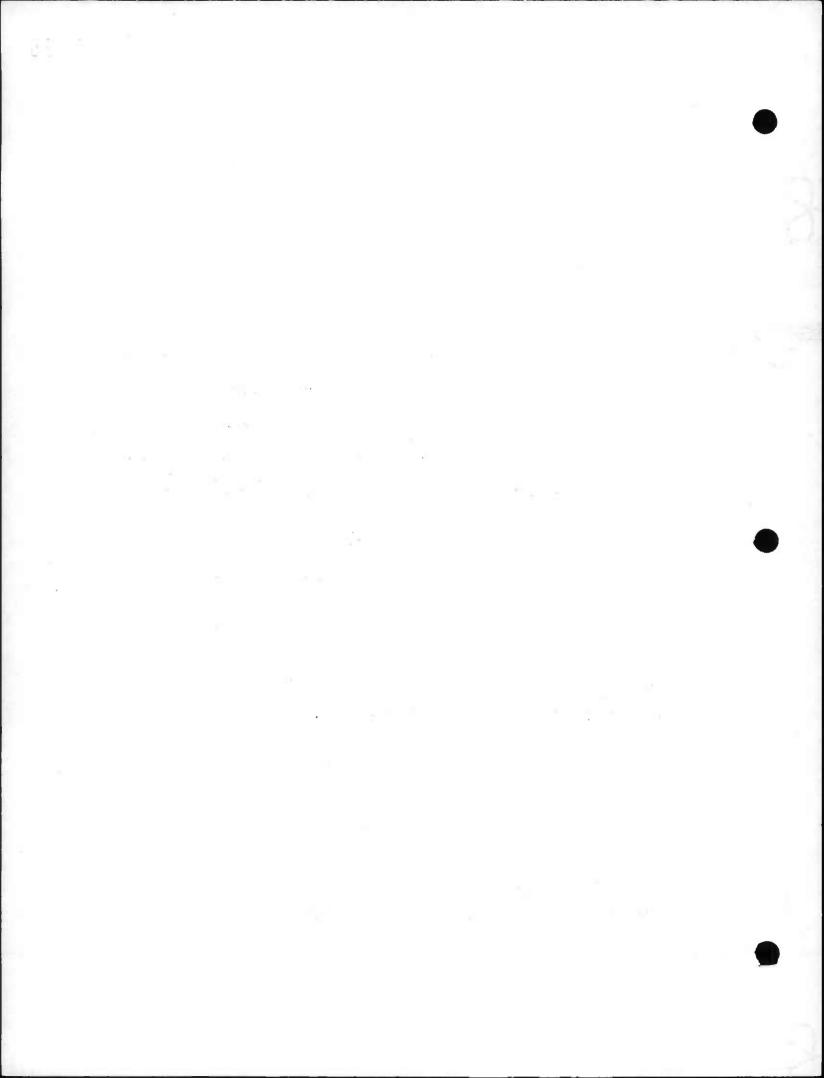
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		1. DECEDENT'S NAME (First, Middle, Last) CUADTEC C SCHITLIMA CUED 2. DATE OF DEATH MONTH DAY YEAR											3. TIME OF DEATH	
		CHARLES C. SCHUHMACHER SEPT. 26,1994											7:20 A. M	
		216-03-0082		1 M 2 F		n yrs. iast birthday) YRS.	MONTHS	DAYS	HOURS MIN.	(M	lonth, Day, Year)		Country	
3 should		216-03-0082 1 K M 2 L F 87					9b. CITY	, TOWN O	R LOCATION OF 1		.29,190		MARY NTY OF DE	LAND
2, 3 s	стон	SUMMIT NURS			CAT	ONSV	ILLE			BA	LTIM	ORE		
-	ECT	RESIDENCE OF DEC	10b, COUNT	10c. CI								10d. INSIDE CITY		
t. Pag	DIRE	MARYLAND						ГІМОН						LIMITS?
permi													HAT COUNTRY?	
an. Iransit	FUNERAL	3375 DULANY	STRE						21229				U.S.	Α.
fours after death, Page 6 may be retained by the hospital or attending physician. J in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages or removal. medical examiner must be notified at once.	BY FU	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 XNO			city Cuban, Maxic	can, Pua	IGIN? (Specify Yearto Rican, etc.)	or No.—	14. RACE Black, Specify	— American Indian, White, atc. WHITE
al or attending for use as the	8	15. DEC	EDENT'S EDU			16a. DECEDENT'S	USUAL O	CCUPATIO	JI.		16b. KIND OF BUS	INESS/IND	DUSTRY	WHILE
ital or a		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				(Give kind of work done during most of working life. Do NOT use retired.)								
he hospit detached once.	COMPL	8TH GRADE 17. FATHER'S NAME (First, M)	iridia (ast)			PLUMBE	<u>K</u>		40 MOTHER'S M		HEATING-		1BING	CONTRACTING
by the	В	PHILLIP SCH		HER					DORA K			surneme)		
5 should notified	TO B	19a. INFORMANT'S NAME (7)				19b. MAILIN	ADDRES:	S (Street a			lumber, City or Town	, State, Zip	Code)	
ay be re page 5:	۴	KAREN A. ME				3375	DULA	ANY S	TREET -	BA	LTIMORE,	MD.	2	1229
e 6 may ector, p		20a. METHOD OF DISPOSITION 1. A. Burlel 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	oval from Stafa	cem	PLACE AND DATE etery, crematory or	other place)						Cify or Tow	rn, State
Page al dire		21. SIGNATURE OF FUNERAL		CENSEE	- ILO	UDON PAI					/29 BAI		DRE	
after death, Page 6 m: by the funeral director, moval.		22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229												
th certificate be executed with ending physician and completely filled I Hygiene prior to bunal, cremation, or other traumatic event, the	ERTIFICATION												interval Batween Onset and Death	
지 교 교 의	MEDICAL	PART ii. Other aignificant conditions contributing to death purpoot resulting in the underlying cause given in Part I. Contribution Cont												
has be Dept.	AN	DID TOBACC		CONTRIBUT	E TO	CAUSE C	F DE/			10 [
SICIAN: The tar certificate has the State Deg	Sici	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outp	atient 3 DOA	OTHE	R:	ACE OF DEATH (C					
NG PHYSICIA fter this certif eath with the marked, or	BY PHYSICIAN:		Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TII		28c. INJI	URY AT	_	DESCRIBE HOW IN	JURY OC	CURED	
OR ATTENDING FOR OUR ECTOR: After thours after death item 28 is man	ETED B	3 Suicide a	Could not be detarmined	28a. PLACE O building,	F INJURY atc. (Spec	— At home, ferm,	street, fac	tory, office		28f. L	OCATION (Street a City or Town, State)	nd Number	r or Rural Ru	oute Number,
로 크 오 누	COMPLE	anal		ICIAN: To the best of ER: On the basis of e										and manner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE C	296. SIGNATURE AND TITLE	who (huger	Q				29c. LICENSE NU DO87	S C	9	29d. DAT	E SIGNED	(Month, Day, Year)
	-	DR. ALEJAND						SUI	ΓΕ 151 -	- CA	TONSVILI	LE,	MD	21228
		SEP 2 8 19		32. REGISTRA				· · · · · · · · · · · · · · · · · · ·						



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENI								
	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3.											
	William H.Shires			9 2		4 P M						
	4. SOCIAL SECURITY NUMBER 216-84-4436 5. SEX 6. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR 1 F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1973 8. BIRTHE Country, Mary											
_	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA											
DIRECTOR	University of MD Medical Center Baltimore City											
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1											
	Maryland Anne Arundel Brooklyn Park •											
FUNERAL	8 Thomas Ave. 101. ZIP CODE 21225 United S											
P.	11. MARITAL STATUS 1 № Never Merried 2 Merried FORCES? 1 YES		13. WAS DECENDENT OF HISPAI It yes, specify Cuben, Mexica									
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR		1 YES 2 X NO Specif	White								
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI	JAL OCCUPATION	18b. KIND OF BUS	INESS/INDUSTRY	WITTLE						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		done during most of working tired.)									
MP	/	Laborer			ruction							
	17. FATHER'S NAME (First, Middle, Leat) Billie H. Shires			ME (First, Middle, Meiden : Cia A. Char	,							
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural									
2	Billie H. Shires	8 Thom	as Ave., Balti	more, Maryl	land 212							
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremellon 3 Removal from State 4 Deposition 5 Other (Section)	metery, crematory or other	plece)	OATE 20c. LOC	ATION — City or To	own, State						
	1 X Burlet 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 2. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home											
	1 issolder					- MD 01061						
\vdash	23. PART I. Entar tha diseases, or complications that cause	ed the death. Do not	421 Crain Hwy			e, MU ZIUbi						
	23. PART I. Entar tha diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) a. Aspergilleds Abscess Out TO (OR AS A CONSEQUENCE OF)											
	a. ASPERGITIONS ADSCESS OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, Due to (or as	DUE TO (OR AS A CONSEQUENCE OF):										
CAT	If sny, leading to immediate cause. Enter UNDERLYING					į l						
HE	CAUSE (Disease or injury that initiated events DUE TO (OR AS resulting in death) LAST	A CONSEQUENCE OF):										
EH	d											
A.	PART II. Other algnificant conditions contributing to death	but not rasulting in t	ha undarlying causa given in			b. WERE AUTOPSY FINDINGS						
MEDIC.				PERFORI		AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?						
ME						1 TES 2 TO						
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE (и 🗆 📗								
ICI,	EXAMINER? HOSPITAL:		THER:									
H	27. MANNER OF OEATH 28e. DATE OF INJURY	28b. TIME O		8 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURED							
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	M 1 YES 2 NO									
	3 Suicide 8 Could not be determined 28e. PLACE OF INJUR building, etc. (Special Countries)	281. LOCATION (Street as City or Town, Stete)	nd Number or Rural	Route Number,								
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my know	wledge, death occurred at	the time, data end placa, end due	to the cause(s) end men	ner se stated.							
OM	one) 2 MEOICAL EXAMINER: On the besie of examination					s) end menner ae stated.						
BE C	2ML SIGNATURE AND ZETZE OF CERTIFIER		29c. LICENSE NUM	ABER	29d. OATE SIGNED	(Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O				- //	60/74						
			St., Baltimore	, MD								
	SEP 2 8 1994 4 32. REGISTRAR'S SIGN											
	SEP 28 1994 July Sinien-Ru	del.										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / I		OF HEALTH AND	MENTAL HYGIEN REG. NO.	_						
	00.0	acka			2. DATE OF DEATH DATE OF Sept. 27,	1994 YEA	3. TIME OF DEATH 10:00 A.M					
	4. SOCIAL SECURITY NUMBER 5. S 214-40-6239 1X	942 Ma	6. BIRTHPLACE (State or Foreign Country) Maryland									
TOR	90. FACILITY NAME (If not institution, give street at Franklin Square Hos		96. city,	EY	EATH	9c. COUNTY OF DEATH Baltimore						
DIRECTOR	Maryland Baltimo		10c. CITY, TOWN O	R LOCATION		10d. INSIDE CITY LIMITS? 1 TYES 2 X NO						
FUNERAL	100. STREET AND NUMBER 1124 FOXWOOD Lane			101. ZIP CODE 21221		United	States					
B	1 Never Married 2 Married	was decedent ever in u.s. armi forces? 1 ∑ yes 2 □no f yes, give war or dates 1960-1963	1	MAS DECENDENT OF HISPAI f yes, specify Cuban, Mexica YES 2 X NO Specif	in, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. SpeciWhite						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete in the complete	leted) (Give	o NOT use retired.)	CCUPATION during most of working	Constru	Υ						
BE COM	17. FATHER'S NAME (First, Middle, Last) Gabriel Shacka			Elizab	ME (First, Middle, Meiden eth Miller							
5	196. INFORMANT'S NAME (Type/Print) Joan Kisner 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1124 Foxwood Lane, Baltimore, Maryland 21221											
	20e. METHOD OF DISPOSITION 1 Gurlet 2 Cremetion 3 Gurlet 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SHAYCE UCENSE	cemetary, creme Metro	DATE OF DISPOSE Alory or other place) Cremator 22. [0-94 /0	cation — city of Catonsvi Home	rTown,State					
	23. PART I. Enter the diseases, or compl	ications that caused the deat	42	21 Crain Hwy	., SE Glen	Burnie	MD 21061					
	shock, or heart fallura. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	only ona cause on aach iina.	aveino	1	The L	eny	Intarval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Injurised events of the conditions) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIF	that initiated events resulting in death) LAST											
A	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 N NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO											
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBU		H YES N		N 🗆		1 123 2 110					
YSIC	1 TYES 2 X NO 1 X	SPITAL: Inpatient 2 ER/Outpatient 3 E	DOA 4 Nurs	ing Home 5 - Residence	8 Other (Specify)							
ВУ РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 28c. INJURY AT WORK? 1 YES 2 NO											
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home building, etc. (Specify)	, ferm, street, fecto	ory, office	281. LOCATION (Street a City or Town, State)	and Number or Rui	rel Route Number,					
COMPLETED		To the best of my knowledge, death					se(e) end menner se stated.					
TO BE (29h. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF FREON WHO COM	14	T. (5	296. LIGENBE NUM	550		NED (Month, Day, Year)					
	Peter LoPresti, M.D	., 1308 Busine		r Way, Suit	e 102, Edge	ewood,	MD 21040					
	31. DATE SEP 27. 871994 J.	02. REGISTRAR'S SIGNATURE	4									

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on a special terms

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Fri 10

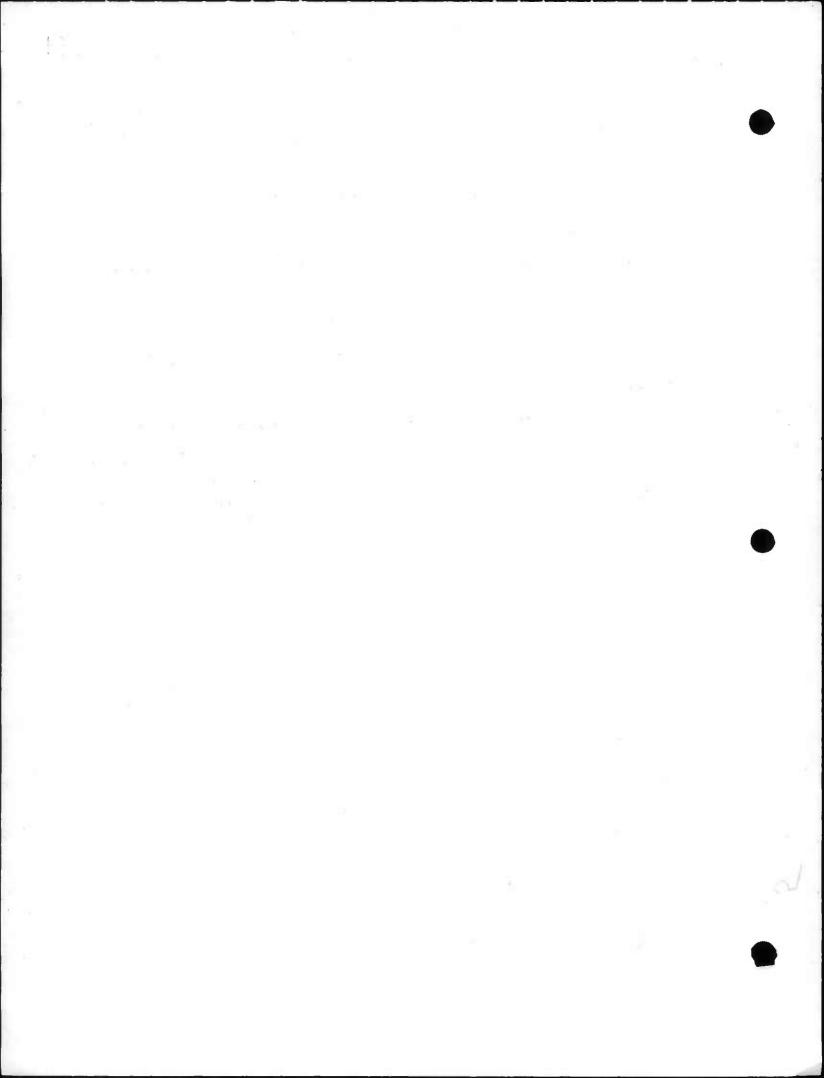
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)			0=11111	10/11/	- 01	ULA		2. DATE OF	DEATH			3. TIME OF DEATH
	MARY I		CHOEBI	-HOEBERLEIN							MONTH DAY YEAR			0600 M
	4. SOCIAL SECURITY NUMB	5. SEX				IF UNDER 1 YEAR IF UNDER 24 HRS.				September 26 190				
	215-01-4787	1 M 2 X F			MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-30-03		Country)			
	90. FACILITY NAME (If not in:	YRS.						7-03		1	yland			
œ			1	-		ON OF DE	ATH		9c. COU	INTY OF DE	EATH			
힏	Johns Hopkin	er	Bal	tim(ore C	ity			_	-				
EC	10a. STATE	10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY			
DIRECTOR	Maryland	_			Bal	timo	re				LIMITS?			
	10e. STREET AND NUMBER			101, ZIP CODE					10g. CITIZEN OF W					
FUNERAL	2823 0'Donne	ell St	reet	21224					U.S.A.				TIAL COOKINE	
Ξ	11. MARITAL STATUS	S. ARMED 13. WAS DECENDENT OF HISPANIC								- American Indien,				
	1 Never Merried 2	Merried	FORCES? 1	YES 2						n, Puerto Rican, atc.) Black,			, Whita, etc.	
B	3 X Widowed 4 Divo	rced	1125, 0172	WIN ON DATES			I TES	2 (X NO	ъреспу.	:			Specif	White
E		EDENT'S EDU		18a	DECEDENT'S					16b. KIN	ID OF BUS	INESS/IN	DUSTRY	
ᄪ	Elementary/Secondary (8		College (1-4 or 5	+)	(Give kind of life, Do NOT u	se retired.)	auring mo	St of Workii	ng					
<u>₹</u>	6th				Seam	stre	SS			Clo	thin	g Ma	nufa	cturing
COMPLET	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NAM	AE (First, Midd	e, Maiden S	Sumame)		
шІ	George Mena	zel						Ma	ry H	olbrod	k			
10 B	190. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street	nd Number	r or Rural R	loute Number, (City or Town	n, State, Zij	p Code)	
F	David L. Sch		lein		6711	Ken	моод	Ave	nue,	Balti	more	, Md	. 212	237
	20a. METHOD OF DISPOSITI	ON Bam	oval from State		CEAND DATE			ime of		DATE	20c. LO	CATION —	City or Tox	wn, State
	4 Donetton 5 Other	(Specify)		- Oak	Lawn	Ceme	tery	r		9-29	Bal	timo	re. N	id.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						Cemetery 9-29 Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home							
	1 Coma	· V.	Fire	hews										
	23. PART I. Enter the di	seases, or o	omplicationa tha	t caused the	e death. Do	not enter	tha mo	Hast de of dy	ern A	AVE.	Balt	imor	e. Mo	1. 21224 Approximate
	ahock, or heart fallura. List Dnly ona cause on each line.													
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Perforate 9 Ab Johnson VISCUS ZY hrs													
	resulting In death) a. Perferate Q Abdominal VISCUS DUE TO (OR AS A CONSEQUENCE OF):													
-	DUE TO (OH AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYING CAUSE (Disease or Injury													
E	that initiated evants		DUE TO	(OR AS A COA	NSEOUENCE O	F):		-						
	resulting in deeth) LAS		d	•										
	PART II. Other significe	nt condition	s contributing to	death but n	nt regulting	in the u	n et a alveta			Dari Lau			I	
EDICAL	Trait in <u>said significa</u>	Dt raauting	g in the underlying causa givan in P				Part I. 24a. WAS AN AUTOPSY PERFORMED?				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă								1 ☐ YES 2 💢 NO			COMPLETION OF CAUSE DF DEATH?			
Σ	1 TYES										1 TES 2 X NO			
Z														
C	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
ĭ.	1 YES 2 NO		1 % Inpatient 2						eldence i	8 Other (Sp				
BY PHYSICIAN:		Pending	28a. DATE OF (Month, E		28b. TIN	URY		RK7	7.00	28d. DESCRI	BE HOW IN	IJURY OC	CURED	
B	2 Accident	nveatigation	28 - PI ACE C	E IN HIDY A	At home, term,			YES 2	ND					
입		Could not be satarmined	building,	atc. (Specify)	at nome, term,	itreet, lec	tory, onic	•		281. LOCATIO	N (Street a wn, State)	nd Numbe	r or Rural R	oute Number,
COMPLETED	29e. CERTIFIER				_		_							
P	(Check only		CIAN: To the best of											
Š	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, data and place, end due to the cause(e) end menner as stated.													
ш	296. SIGNATURE AND TITLE OF CERTIFIER (Jenen Sunger) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 NAME AND ADDRESS OF DEBSON WHO COMPLETED CAUSE OF DEATH STATEMENT 193 30 NAME AND ADDRESS OF DEBSON WHO COMPLETED CAUSE OF DEATH STATEMENT 193										(Month, Day, Year)			
0 8	Jose W.	112	- MD/PI	, D.	House o	Fice	-	M	530	7		▶ 5.	eptend	eu 26, 1914
오	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	Print)							,	
	James W. R		5712	Rolans	A VA	P+ 2	A B	مرا+ ر	ے۔ یہ	MD	21	210	•	1
	31. DATE FACE MOON DR. 1994 22. REGISTBAR'S SIGNATURE													



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lours after death. Page 6 may be retained by the hospital or attending physician.

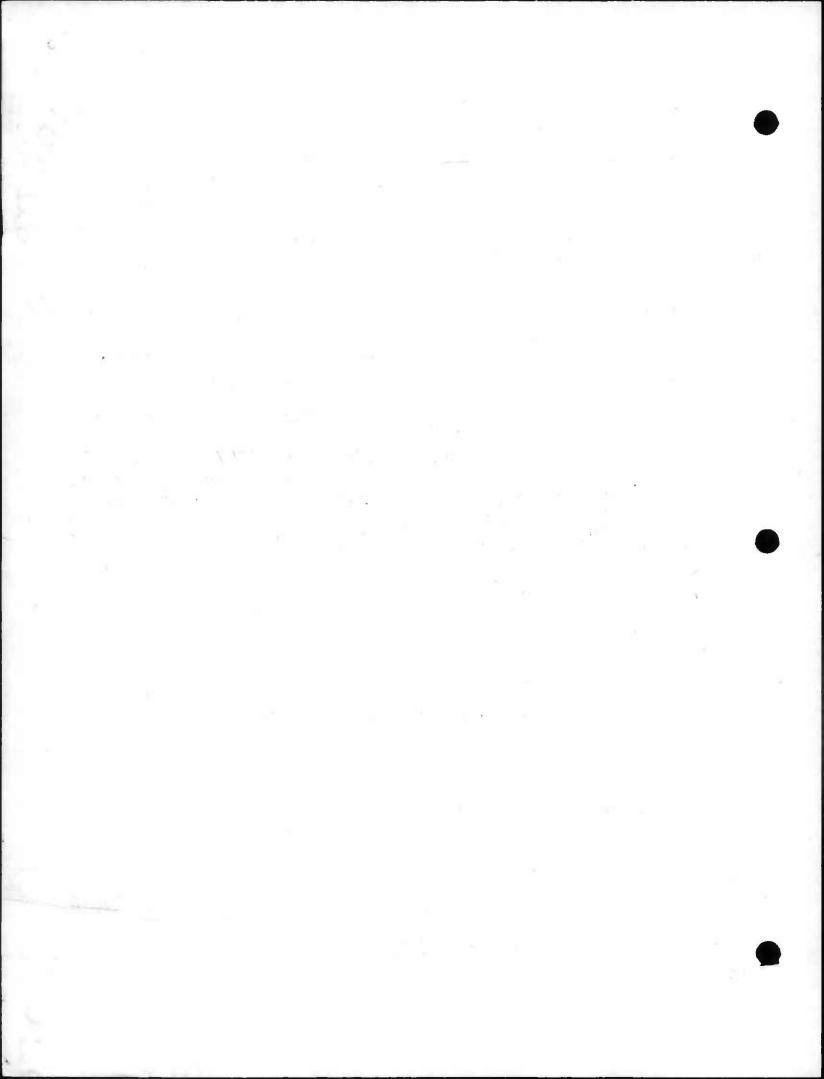
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last) JOSEPHINE	SCHOE	LER		2. DATE OF DEATH DA	
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	Sept. 7. DATE OF BIRTH (Month, Day, Year)	26 1994 10:35 PM M 8. BIRTHPLACE (State or Foreign Country)
		213-74-8676 9e. FACILITY NAME (If not institution, give str		94 YRS.	b. CITY, TOWN OR LOCATION OF	Dec. 8, 18	399 Maryland
	OR	Meridian Nursing			Randallstow		9c. COUNTY OF DEATH Baltimore
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCATION		10d. INSIDE CITY
		Maryland Bal	timore		Perry Hall		1 Tes 2 No
	IERAL	8931 Yvonne Avenu	е		2123	6	USA
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married \$\text{X} \text{ Widowed } 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES Z NO Spe	can, Puarlo Rican, atc.)	s or No— 14. RACE — American Indian, Black, Whita, atc. Specify: White
	TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	18a. DECEDENT'S US	UAL OCCUPATION k done during most of working stired.)	16b, KIND OF BUS	SINESS/INDUSTRY
at l	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Housew		Home	emaking
onc t		17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maiden	Surneme)
Illed 3	O BE	Unknown 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DORESS (Street and Number or Run	N Route Number, City or Town	rn, State, Zip Code)
be no	ř	Donna Kilmen 200. METHOO OF DISPOSITION					lls, Md. 21117
examiner must be notified at once		1 EXBurial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	rval from Stata ceme	PLACEANDDATEOFI etery, cremetory or other ardens of	nlacel		CATION — City or Town, State Baltimore, Maryland
miner		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE (22. NAME AND AODRESS OF	FACILITY	
removal.	- 2	23. PART & Enter the diseasea, or co	ceneral H		7401 Belair	Rd. Baltimo	re, Md. 21236
event, the me		shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. TQS	och line.	NTESTINA		interval Between
or other trac	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilieted events resulting in deeth) LAST		CONSEQUENCE OF):			
shows any injury,	MEDICAL	PART II. Other eignificent conditions Muln JwF	ARCE L	Jemen	TA	n Pert I. 24a. WAS AN PERFOR 1 YES 2	AMED? AVAILABLE PRIDR TO
S 6	CIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES			
or item	PHYSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	atlent 3 DOA	THER: Nursing Home 5 Residence	8 Other (Specify)	
marked,		27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME C		28d. DESCRIBE HOW II	NJURY OCCURED
28 is	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, atre	et, factory, offica	28f. LOCATION (Street e City or Town, Stete)	and Number or Rural Route Number,
/z nours	7 1				it the time, date end place, and d		nner ee stated.
IMPORTANT: If I	TO BE COM	Pasueur And Title of CERTIFIER	Lalehan		m) D 253		29d. DATE SIGNED (Month, Gey, Year)
/	F	Tasneem Lakhani,				ire Apts) F	(358-3840) Balto, Md.
2		31. ogerp 2.8. 1994	TO STEED WAS SHOWN		(11210)		702001 1101
		JE: 20 100 1					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attended to	nours after death. Page 6 may be retained by the hospital or attending physion
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be definded for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at enea.	medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT (MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH		
	SARAH S	COTT				H 94	1230 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign		
	218-28-7557	1 □ M 2 XF -75	F 77 YRS.	NTHS DAYS HOURS MIN.	(Month, Pay, Year)		ountry)		
	Se. FACILITY NAME (If not institution, give s	street and number)	91	CITY, TOWN OR LOCATION OF E		9c. COUNTY (
DIRECTOR	ST. Agnes Ho	sortal	1	saltimore.	Mr				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT								
=				OWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	+imore	CHI	ONSVILLE			I YES 2 NO		
E	adda Kregerick	0 1		101. ZIP CODE			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS			31238		USA			
5	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic	an, Puerlo Rican, atc.)	nn or No — 14. F	RACE — Americen Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	I NES 2 NO Spec	ify:	29	Specify:		
сомрсетер	15. DECEDENT'S EDU		18e. DECEDENT'S US	UAL OCCUPATION	16b, KIND OF B	JSINESS/INDUSTR	THU N		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working					
교	6th		La	borer	Cann	ing Fac	tory		
ő	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maide				
BE (Julius Pugh			Sarah	Wright				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Code) 367 07077		
F	Sadie Prince		1137	N. Carrollton	Street Ba	Itimore	, Md. 21217		
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem		PLACE AND DATE OF		DATE 20c. L	OCATION — City of	or Town, Stata		
	4 Donation 5 Other (Specify)		etery, crematory or other aryland N	ational Mem Pk	10/3/94	Laurel,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CHYSEE		22. NAME AND ADDRESS OF F	ACILITY				
	() DA	3.0		EEOO MA	4		Service		
	13. PART . Enter the diseases, or	complications that caused	tha death. Do not	5502 Winner A	Venue balt	linore,	Approximata		
Ī	ahock, or hear failure.	List only one cause on as	ch lina.				intarval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	Mothi.	allia De	without and	h 011001	v 5-06			
	reaulting in death)	a. Methicillin Resistant Staph Aureus Sepsis 7 days Due to (OR AS A CONSEQUENCE OF):							
-	Dichates Mellitus								
CERTIFICATION	Sequentially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING	c.							
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
E	reaulting in death) LAST	d							
	PART ii. Other algnificant condition	na contributing to death hi	It not resulting in t	ha underlying cause gives in	Part i. 24a. WAS A	N AUTOBEV	24b. WERE AUTOPSY FINDINGS		
S	Hyperten		t not roughling in	na underlying cause givan ii	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
					1 YES	2 NO	OF DEATH?		
Σ	DID TOBACCO USE	VOSCULAR DIS	CALISE OF	DEATH VICE IN N	200		T YES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		0 🔯				
S	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C					
¥	27. MANNER OF DEATH	1/3 Inpatiant 2 ER/Outpa 28e. DATE OF INJURY	28b. TIME O	Nursing Home 5 ☐ Rasidenca F 28c. INJURY AT	8 U Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCURE			
	1- Natural 5 Pending	(Month, Day, Year)	INJUR		200. DESCRIBE NOW	INJUNY OCCURE	ľ		
BY	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJURY	— At home, Jerm, stre-		281. LOCATION (Street	and Number or Br	umi Douta Mumbar		
	4 Homicide 6 Could not be	building, etc. (Speci	(y)	.,,,,	City or Town, State	e)	ina ricide Number,		
91	29e. CERTIFIER		111 0000	N. P. C. C. C. C. C. C. C. C. C. C. C. C. C.					
MP	(Check only			t the time, date end place, end du					
COMPLETED			eyu/or investigation, I	n my opinion, death occured at th	a time, date end placa, a	nd due to the ceu	se(s) end menner es stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIE	</td <td></td> <td>29c. LICENSE NU</td> <td></td> <td>29d. DATE SIG</td> <td>NED (Month, Day, Year)</td>		29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)		
2	110000	1990 MD		042	826	9	124194		
-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	n)		VV.			
- 11	MODERT D 4	amont in	1 1	TYGOOS H	KING! K	altimore	2 mn		
	ON DATE OF THE PROPERTY OF		0	2012	VIVII D	- 11111	5 1.30-		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S GIGNA	TURE	3/3/16	VI OI		. 170-		



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	<u>ERMF</u>	ICALE	OF	DEAT	H	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH	
		lvin		SABIS	STON				MONTH Septem	ıber		1994	10:10 р	М
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. less		IF UNDER	1 YEAR	IF UNDER		7. DATE OF I	BIRTH			HPLACE (State or Foreign	
	213-01-4338	1X M 2 F	75	YRS.					8/4/				ryland	
~	9a. FACILITY NAME (If not institution, give st	,					OR LOCATIO	ON OF DE	EATH		9c. COU	INTY OF D		
5	Franklin Wquare	Hospital			E.	sse	Χ				Balı	timo:	re County	
E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y		Inc. CIT	Y, TOWN O	R LOCAT	LION						10d. INSIDE CITY	_
E I		altimore				seda.							LIMITS?	
ا ب	10e. STREET AND NUMBER	AL 0202 0			1102		L ZIP CODE	<u> </u>			I 102 CIT	TITEN OF I	1 YES 2 NO	_
RA	1621 Weyburn Road	a					212						WHAI COUNTRY?	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	T 13, V	MAS DEC			NIC ORIGIN? (S	nacity Yes		USA LIA BACI	E - American Indian,	_
F	1 Never Merried 2 Merried	FORCES? 1 5	X YES 2 N	10	If	f yes, spe	ecify Cuber	n, Mexice	n, Puerto Rica	n, atc.)	Or 140-	Blac	ck, White, etc.	
ВУ	3 🔀 Widowed 4 🗌 Divorced	WW II				☐ 1EC	2 Min	Spacing	r:			Spec	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON set of workin	L-7	16b. KIP	ND OF BUS	SINESS/INI	DUSTRY		_
	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done d se retired.)	Willy III.	St Ur morning	g						
MP	12th Grade		Mad	chine	eist						Guard			
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd					
BE	George Sabiston								ude Do					
5	190. INFORMANT'S NAME (Type/Print) Deborah M. Mohr								Route Number, (
. 1	20e. METHOD OF DISPOSITION		1	3419	Putt	у Н:	ill A	ive.	Balt	imor	e, MI	D 2.	1234	_
	1 N Buriel 2 □ Cremation 3 □ Remo	oval from State	20b. PLACE A	matory or u	OF DISPOSI	TION (Na	me of		DATE	20c. LO	CATION -	City or To	own, State	
1	21. SIGNATURE OF FUNERAL SERVICE-400	MENSEE	Durane	SA A	Hiey	Mei	M. Ga	ir.	9/30/	94 (Cocke	eysv:	ille, MD	
	. 0//	-/-	1						ral Ho	me				
_	1/0		/		8	521	Loch	ı Ras	ven Bl	vd.	Tows	son	MD 21286	
	PARTY Enter the diseeses, or of shock, or heert fellure.	complications that a	ceused the de-	eth. Do r	not enter	the mo	de of dyli	ng, such	h as cardiac	or reepi	ratory en	rest,	Approximete intervel Between	-
1	IMMEDIATE CAUSE (Finel			•									Onset end Death	
	diseese or condition resulting in death)	a. Intrapul	lmonary	Hem	orrha	ige								
					•									
ON	Sequentially list conditione, DUE TO (OR AS A CONSCOUENCE OF):													
ÄT	if any, leeding to immediate ceuse. Enter UNDERLYING	,-	III NO II VOITO-O	JULITUL C.	r).								İ	
F	CAUSE (Disesse or Injury that initieted evente	DUE TO (C	OR AS A CONSEC	DUENCE O	F):								-	_
F	resulting in deeth) LAST	el :											!	
2	many is Oak as simplificant and distant	**												
EDICAL CERTIFICATION	PART II. Other eignificent condition	e contributing to a	eath but not re	eeuiting i	in the und	derlying	j ceuse g	iven in	Part I. 24	PERFOR		24b	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	3
ă									1 5	YES 2	□ NO		CDMPLETION OF CAUSE OF DEATH?	
Σ													1 X YES 2 NO	
Ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	eck only one)					
ΙΥS	1 YES 2 NO	1 Xinpatient 2 🗆 E			4 🗆 Num	ing Home		eldence	6 Other (Sp					
	27. MANNER OF DEATH 1 X Natural 5 Pending	26e. DATE OF the (Month, Day,		20b. TIMI	IE OF JURY		RK?		2ed. DESCRI	BE HOW IF	NJURY OC	CURED		
B	2 Accident Investigation	280 PLACE OF	IN HIDV — At ho		M facts		YES 2	NO	201 - 001716					_
	3 Suicide e Could not be determined	building, at	INJURY — At hor tc. (Specify)	me, rerm, a	Mreet, Inctu	ну, отне	•		City or To	ON (Street e own, State)	ind Number	r or Rurei r	Route Number,	
iii I	29e. CERTIFIER								7. 4					_
COMPLETED	(Check only 1 X CERTIFYING PHYSIC													
8	2 MEDICAL EXAMINE		mination end/or ii	nveatigatio	n, in my op	pinion, de	eath occure	ed at the	time, date end	plece, en	d due to th	he ceuse(e	e) end menner ee stated.	
BE	296. SIGNIFICIAL AND THELE OF CENTURIER	12.11.					29c. LICE	NSE NUM	IBER		29d. DAT		O (Month, Day, Year)	
2	OME		our				1767.				- 4	26	94	
Ī	30. NAME AND ADDRESS OF PERSON WHO						-					1		
}	Samuel Eng. M.D. 31. DATE FILED (Month, Day, Year)	9000 Fra	nklin S	3quar	e Dr	ive	Ва	ltin	nore, l	MD 2	21237	7		_
	CED9 8 1004 9	32. DEGISTRAR	rhartally											

DHMH-16 Rev 1/89

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

use as the burial-transit ĮQ. director, page 5 should be detached 96 examiner attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. medicai 0 the executed with traumatic requires that the death certificate be 10 the atten Mental F any injury,

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After I

DIRECTOR: J

FUNERAL (HOSPITAL

TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: I

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marked,

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28

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OR ATTENDING PHYSICIAN: The

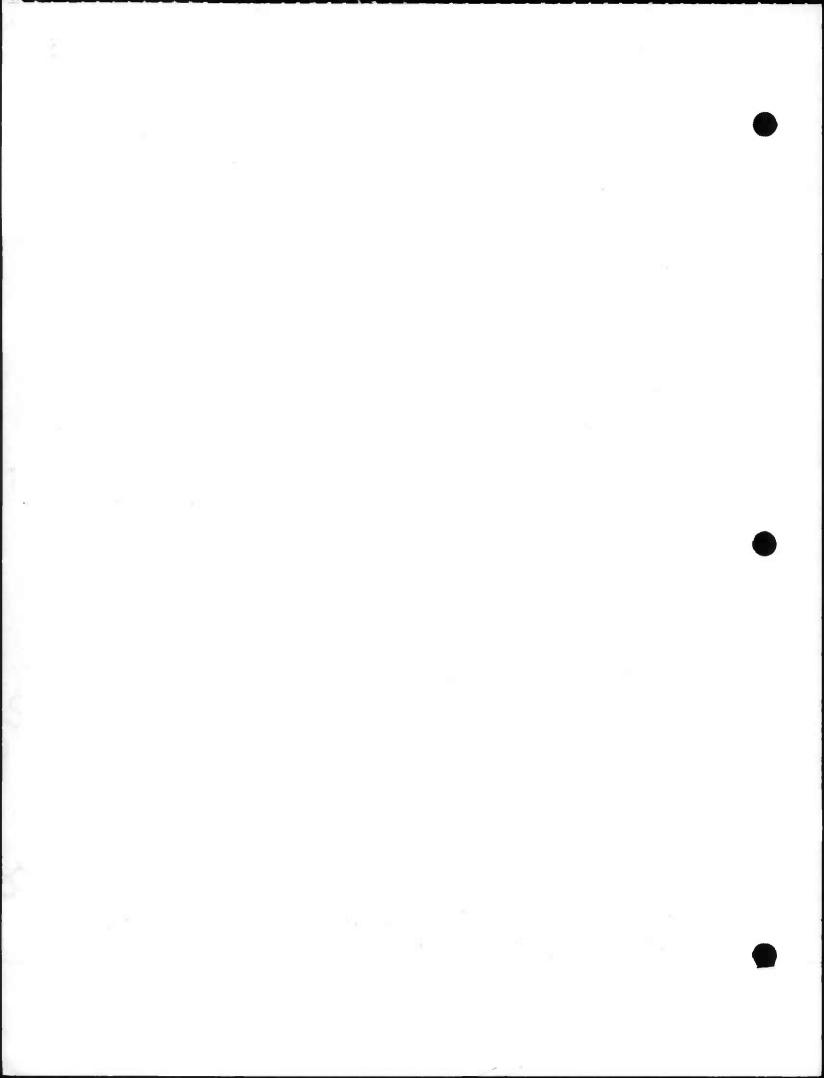
Pages 1, 2, 3 should

permit.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR ROBERT Ε. THOMAS JR. 9 1994 м A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH DAYS HOURS MIN. 1 M 2 | F YRS. 179-07-9709 9-14-1914 80 SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 2900 BOARMAN HOUSE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY MARYLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA. 2010 W. LANVALE STREET 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whife, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) PORTER TRAIN UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT E. THOMAS SR. CHARLOTTE BE **JOHNSON** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JANIE THOMAS 2010 W. LANVALE STREET, BALTIMORE, MARYLAND 21217 20s. METHOD OF DISPOSITION
1 💢 Burlal 2 🗆 Cremation 3 🗆 Removal from State
4 🗎 Donation 🐧 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State LOUDON PARK CEMETERY 9-24-94 BALTIMORE, MARYLAND E OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ehock, or heart feliure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Finel** Onset and Daath Vasculae disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BU HK CERTIFICATION Sequentielly list conditions. OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL allel COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK? INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mohth, Day, BE beedl 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4419 32. REGISTRAP'S SIGNATURE Sinden Ro

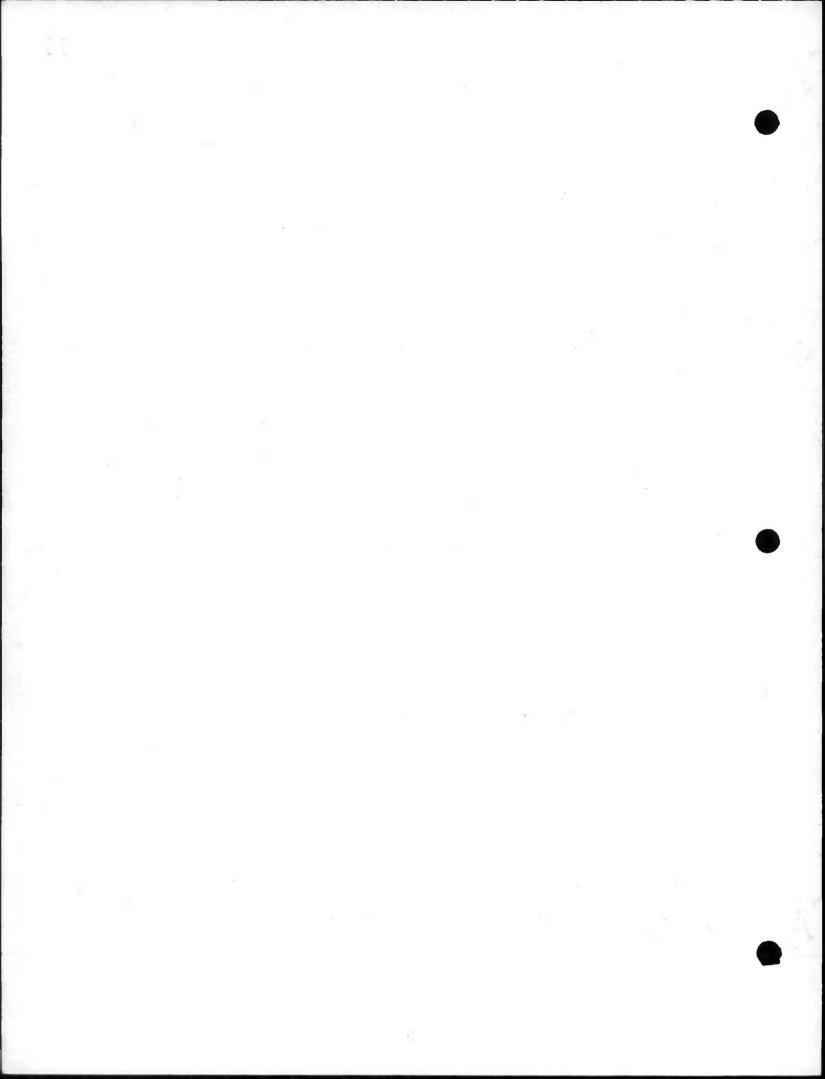


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within serviours after death. Page 6 may be retained by the hospital or attending physician.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) EVELYN VIRGINIA	A WOODEN				2. DATE OF DEATH MONTH	y 94 FAF	3. TIME OF DEATH	
		1 □ M ZOXF	62 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-8-32	Coe	RTHPLACE (State or Foreign untry) MD	
TOR	STELLA MARIS H				IMORE	EATH .		LTIMORE	
DIRECTOR	MD . 106. COUNTY			LTIMO	RE CITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	106. STREET AND NUMBER 805 NEWINGTON	AVENUE	·	101	2121	7	10g. CITIZEN O	F WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp				ACE — American Indian, lack, Whita, atc. pocity: LACK	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION impleted) College (1-4 or 5+)	life. Do NOT use	rk done durina ma	DN st of working		SINESS/INDUSTRY	UNPAPERS	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden			
TO BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		UNKNOWN Route Number, City or Tow	n, Stete, Zip Code)		
F	CURTIS WOODEN 200. METHOD OF DISPOSITION	100	805 N			BALTIM			
	K Burlal 2 Cremation 3 Ramovi 4 Donation 5 Other (Specify)	al trom Stata ceme	tery, crematory or other	MEMOR:	IAL GAR	D9/29 BA	LTIMOR	C. C. C. C. C. C. C. C. C. C. C. C. C. C	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	/ homa	The	1129		BETTS OLINE ST	. BALT	L HOME O, MD21213	
TION	Sequentially list conditions, if eny, leading to immediate	MULTIPL DUE TO (OR AS A	ch ilne.			th as cerdiac or resp	iratory arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PERFORMED? 1 VES 2 NO OF DEATH?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 VES 2 NO 1 27. MANNER OF DEATH	28a. DATE OF INJURY	tient 3 DOA 4	Nursing Hom OF 28c. INJ	URY AT	Other (Specify) 28d. DESCRIBE HOW I	HOSPICE	,	
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY	At home, farm, str	M 1 🗆 1	RK? 'ES 2 NO	281. LOCATION (Street and Number or Rural Route Number.		al Route Number	
ETEC	4 Homicide determined building, atc. (Specify)								
COMPLETED		AN: To the beat of my knowle On the beals of examination						e(a) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Faultu	ermo		D 05	MBER 104-3	29d. DATE SIGN ▶ 9/2	IED (Month, Day, Year)	
-	DR. KENDALL FAULK			•	LLEY RD.	, TOWSON,	, MD 21	.204	
	31. 04 SEP 22 8 1994	32, REGISTRAR'S SIGNA	TURE						



ours after death. Page 6 may be retained by the hospital or attending physician. In the timeral disease, the humal hand BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be notified at once	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SEP 2 8 1994

	FOR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEAITH AND	MENTAL HYGIEN	ıc	
	1 - STATE REGISTRAR	OIMIL O. IIMIL.		ICATE O		REG. NO	-	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	GILBERT F. WAUG					SEPT 26	1994	6:00 A M
	216 16 2071	5. SEX 1 X X 2 F	In yrs. last birthday) Res.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 1/2/16	8. BIR Cou	THPLACE (State or Foreign intry)
NO R	90. FACILITY NAME (If not institution, give stre 1428 LIGHT ST.	eet and number)		BALTIN	OR LOCATION OF D ORE CITY	EATH	9c. COUNTY OF	DEATH
<u>ප</u>	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10. 017	Y, TOWN OR LOC	471041			T
DIRECTOR	MD				RE CITY			10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	1428 LIGHT STRE	EET		1	Of. ZIP CODE	21230		• A •
8	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		If yes,		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) fy:	Bi	CE — American Indian, ack, White, etc.
0	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	18e. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	For retired.)		BANK	OF BAL	TIMORE
	17. FATHER'S NAME (First, Middle, Last) AUTHUR WAUGH				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	rn, State, Zip Code)	
2	EVELYN WAUGH		1428	LIGHT	STREET	BALTIMO	RE, MD	21230
	20s NETHOD OF DISPOSITION 1A Surial 2 Cremellon 3 Remov		PLACE AND DATE OF STREET, CREMATORY OF STREET, CREM	ther place)	Nama of EMETERY	1 9/20 1	RYLAND	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		2	22. NAME	AND ADDRESS OF FA	STEVENS F	UNERAL	HOME, INC.
	23. PART I. Entar tha diseasea, or co ahock, or heart failure. Li	ist paly one cause on a	the death. Do n	not entar the m	oda of dying, aud	ch as cardiac or reap	Iratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	d diny one cause on as		1		_		Intarval Batwean Onset and Daath
	disease or condition	Atherosch	rotic (andia	rascular	Disea	se	
		DUE TO (OR AS A	CONSEQUENCE DI	F):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):				
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
E	resulting in death) LAST			,				į
T.	DART II Other clastificant conditions							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	contributing to dawn be	at not reautting t	in tha underlyl	ng cause givan in	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED						parti		OF DEATH?
ž	DID TOBACCO USE CONTRI	IBUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAL			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	TH (Check only one	9)			
YSI	1 XYES 2 NO	1 Inpstient 2 ER/Outp		4 - Nursing Ho	me 5X Reeldence			
T Matural 5 Pending 1					NJURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	At home, farm, s			281. LOCATION (Street City or Town, State)	and Number or Rura	l Route Number,
9	29e. CERTIFIER 1 CERTIFYING PHYSICI			15 25		55		
COMPLET		IAN: To the best of my knowle On the beels of exemination						e(e) end menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Chuto mo			O.C.M.		SEPT 2	6,1994
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	et Balt	imore, Mar	vland 21	201

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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician	0,
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cemation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is fined within 72 hours after death with the State Debt, of Health and Merital Hydiene prior to burial, cremation, or removal.	traumatic e
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1	1. D	ECEDI	ENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	ALBERT B WISE MAN OG ZI 94 06114
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)
	March 4, 1917 washington, D.C
~	
Ö	Holy Cross Hospital Silver Spring Montgomery
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY TOWN OR LOCATION 100. STATE 100. CITY TOWN OR LOCATION 100. STATE 100. CITY TOWN OR LOCATION 100. STATE 100. CITY TOWN OR LOCATION 100. STATE 100. CITY TOWN OR LOCATION 100. STATE 100. CITY TOWN OR LOCATION 100. STATE 100. CITY TOWN OR LOCATION 100. CITY TOWN OR
E	100. INSIDE CITY
	Maryland Montgomery Silver Spring 1 ☑ YES 2 ☐ NO
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
ш	717 Northwood Terrace 20902 USA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No — 14. RACE — American Indian,
	1 Never Married 2XXXXIIII FORCES? TXX YES 2 NO It yes, specify Cuben, Mexican, Puerto Ricen, stc.) Black, White, etc. Black, White, etc. Black, White, etc.
B	3 Wildowed 4 Divorced White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
ᆸ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (Give kind of work done during most of working life. Do NOT use retired.)
4	12 Years Owner/Operator Hardware Store
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme)
	Isadore David Wiseman Gertrude Mincosky
B	
2	The state of the s
	Lillian H. Wiseman 717 Northwood Terrace, Silver Spring, MD 20902
- 1	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State
- 1	4 Donation 8 Other (Specify) Mount Lebanon Cemetery Adelphi, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY COMPETANTIED DEST MEMORE AND ADDRESS OF FACILITY COMPETANTIED DEST M
	STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL ST, NW, WASHINGTON, DC 20012
	23 DART I Soles the discourse of country that the state of the state o
	ehock, or heart failura. List only one cause on each line. Approximate services or reapiratory arrest, ehock, or heart failura. List only one cause on each line.
	IMMEDIATE CAUSE (Final disease or condition
	resulting in desth) - s. Cardio Respiratory trest Steddon
	DUE TO (OR AS A CONSEQUENCE OF):
Z	Sequentially list conditions, Course Successions of
Ĕ	If any, laading to immediata
2	cause. Enter UNDERLYING CAUSE (Disease or Injury Cause)
H	that inhilated events OUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in death) LAST d. Pueuroua-
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS
DICAL	PERFORMEDY AVAILABLE PRIOR TO
ă	Tabelly Completion of cause of oeath?
ME	2 Doganic 2 Jan Syndrove / 1 YES 2 Dy6
ä	- Sepsis
PHYSICIAN: MI	28. PLACE OF DEATH (Check only one)
S	NOSPITAL: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:
≟	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
	Netural 5 Pending (Month, Day, Year) INJURY WORK?
B	2/ Accident investigation 28s PLACE OF IN HIRY — At home form street factors office.
유	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, offics building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, offics City or Town, State)
COMPLET	An Appropria
릴	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred st the time, date end place, end due to the cause(e) end menner es stated.
8	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.
	296_LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
B	10-37321 Dania
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	SK: GUPTA GROVE GROSSIS 1-12 +22 - China G. No.
	31. DATE FILED MORE APPLICATION AS SIGNATURE
	SEP 2.8 1994 Jahren Russe

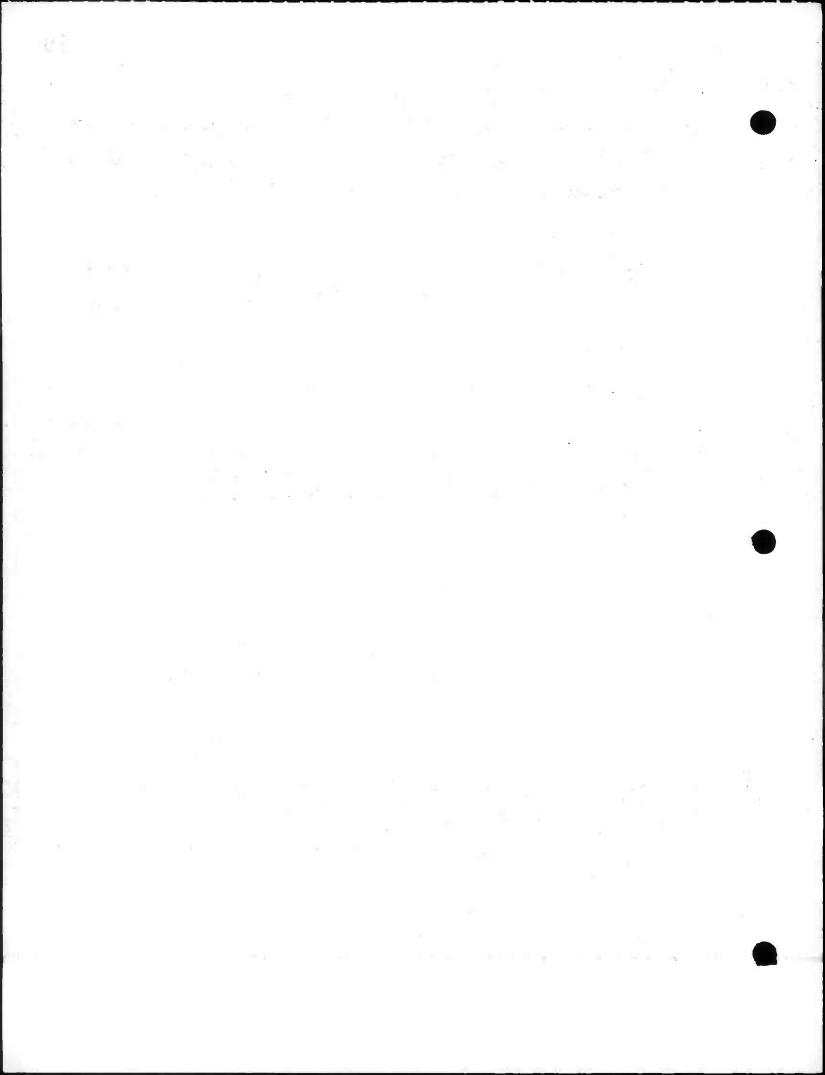
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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Anours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYO		
	1. DECEDENT'S NAME (First, Middle, Lest) Vedah V. Wils	on				2. DATE OF DEA Sept. 5	, 1 994	YEAR 3. TIME OF DEATH 8:19AM M
	4. SOCIAL SECURITY NUMBER 369-12-1777		In yrs. last birthday) 7 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	н Т	8. BIRTHPLACE (State or Foreign Country). Michigan
OR	90. FACILITY NAME (If not institution, give stre 5016 Doctorfish			96. CITY, TOWN	or location of d		9c. COUN	rles
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR LOC	ATION			10d. INSIDE CITY
IL DI	Maryland Harf 100. STREET AND NUMBER	ord	Be	l Air	of, ZIP CODE		10g. CITIZ	I YES # ANO
FUNERAL	201 J. Burkwood				21025		U	.S.A.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 21, 100 Specif	en, Puerto Rican, et	fy Yea or No—	14. RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)			work done during n se retired.)	ION lost of working		F BUSINESS/INDU	
MP	17. FATHER'S NAME (First, Middle, Last)		Hoste	SS	40 1007115010 111	Funer	al Hom	le
ŏ	Harry Kobel					DeLong	aiden Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural		r Town, State, Zip (Code)
2	Sharon Zietlow		5016	Doctor	fish Co			id. 20603
	20a. METHOD OF DISPOSITION 1 Source 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State cemi	PLACE AND DATE of the state of	ther place)			c. LOCATION — C hurbus	ty or Town, State CO, Indiana
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .	_	IVes	-Pearso	n Funer	al Hom	
	23. PART i. Enter the diseasea, or co	emplications that caused	the deeth. Do i		ngton, ode of dying, aud			at, Approximate
	ahock, or heert feilure. Li iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ist only one cause on ee	ech line.				• • • •	interval Between Onset and Death
		DUE TO (OR AS A	MON10	F):				hours
ATION	Sequentielly list conditiona, if any, leading to immediata ceuse. Entar UNDERLYING		CONSEQUENCE O					1100'5
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
	PART II. Other algnificent conditions	contributing to death by	ut not regulting	In the underlyi	a cause about in	Dart I ac. us	0.4444770004	
PHYSICIAN: MEDICAL	VAIT II. Out of agrinount conditions	Continuating to death be	at not resulting	in the underlyi	ig ceuse given in	PE	S AN AUTOPSY REORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ.	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	E DEATH YE		T LINICEDTAL	NICI		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	TH (Check only one				
YSIC		HOSPITAL: 1 Inpatient 2 ER/Outpi	atient 3 DOA	OTHER: 4 Nursing Ho	me 5 K Residenca	8 Other (Specify)	
ву Рн	27. MANNER OF DEATH Natural 5 Pending New Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE I	OW INJURY OCCU	JRED
	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, :	street, factory, off	90	28t. LOCATION (S City or Town,	treet and Number o State)	r Rural Route Number,
COMPLETED		IAN: To the best of my knowle						i. cause(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	mydu mi	>		29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO KEVIN (SN Y de m		KCOY A	4/	CIAI		014	1-1
	31. DATE FILED (MOONT), Day 1997	32. REGISTRAN'S SIGNA	TURE (



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DIRECTOR:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S STONATURE

JOHN C. ISAAC MD.

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
BESSIE MAE 2. DATE OF DEATH
SEPTEMBER WATSON 1994 2006 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreig IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 02-20-20 1 M 2 XF 74 YRS. HOURS 215-22-6281 VIRGINIA 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY NONE RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2630 BERYL AVENUE 21205 UNITED STATES 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO 84 Specify: 3 Widowed 4 Divorced AFRICAN AMERICAN 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 2YEARS HOUSEWIFE NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM NUNNALLY VERNICE DODSON 19a. INFORMANT'S NAME (Type/Print, 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ABRAM WATSON 2630 BERYL AVENUE BALTO, MD. 21205 pe 20c. LOCATION — City or Town State YLAND 20a. METHOD OF DISPOSITION

K Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place)

BALTIMORE CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) BALTO. 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD.21213 medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. Liet only one cause on each line. Intervel Between **IMMEDIATE CAUSE (Final** Onset and Death or other traumatic event, the disesse or condition Anoxic Brain Injury Two Days resulting in death) Cardiac Arrest With Prolonged Cardio-Pulmonary Resuscitation Two Days CERTIFICATION Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING 15 Years c Coronary Artery Disease
oue to (or as a consequence of): CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? item 23 shows any Hypertension, Diabetes Mellitus 1 - YES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO DOA 4 - Nursing Home 5 - Realdence 6 - Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 X Natural 1 YES 2 NO ВҰ 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. amination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. OATE ŞIGNEO (Month, Day, Year) BE M6284 20194 2

Johns Hopkins Hospital Tower 110 Doctors Louise

Market and the Andrews

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BALTIMORE, MARYLAND 21215-0020	we requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I tithin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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32. REGISTRAR'S SIGNATURE

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH YEAR Katherine White 8:47 A 94 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 XF 71 YRS. 219-12-0670 4-09-1923 MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOURS HOSPITAL BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE CITY MARYLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2137 W. FAYETTE STREET 21223 USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced BLACK E 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC WORKER 9th GRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THERESA HERBERT SAMUEL WHITE M. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2137 W. FAYETTE STREET, BALTIMORE, MD. 21223 CARTER GWENDOLYN 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE 20a. METHOD OF DISPOSITION

↓□ Burial 2 □ Cremation 3 □ Ramoval from State

4 □ Donation 5 □ Other (Specify) 9-24-94 BALTIMORE, MARYLAND ZION CEMETERY 21. SIGNATORE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. intarvai Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Sepsis

OUE TO (OR ASIA CONSEQUENCE OF): resuiting in death) years CVA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONFEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) 1 TYES 2 NO 1 inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HO fled wif 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9/19/94 Elea 2525HD Abboud M.0 1 P P 3 1 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OHMH-16 Rev 1/89

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ours after death. requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. burial-transit for use as the detached page 5 should be funeral director, n by the fi filled in by ŏ and completely Cremi prior to burial, the attending physician Mental Hygiene prior to signed by the Health this certificate has been with the State Dept. of I OR ATTENDING PHYSICIAN: The law

31. DATE FILED (Month, Day,

SEP 28 1994

32. REGISTRAR'S SIGNATURE

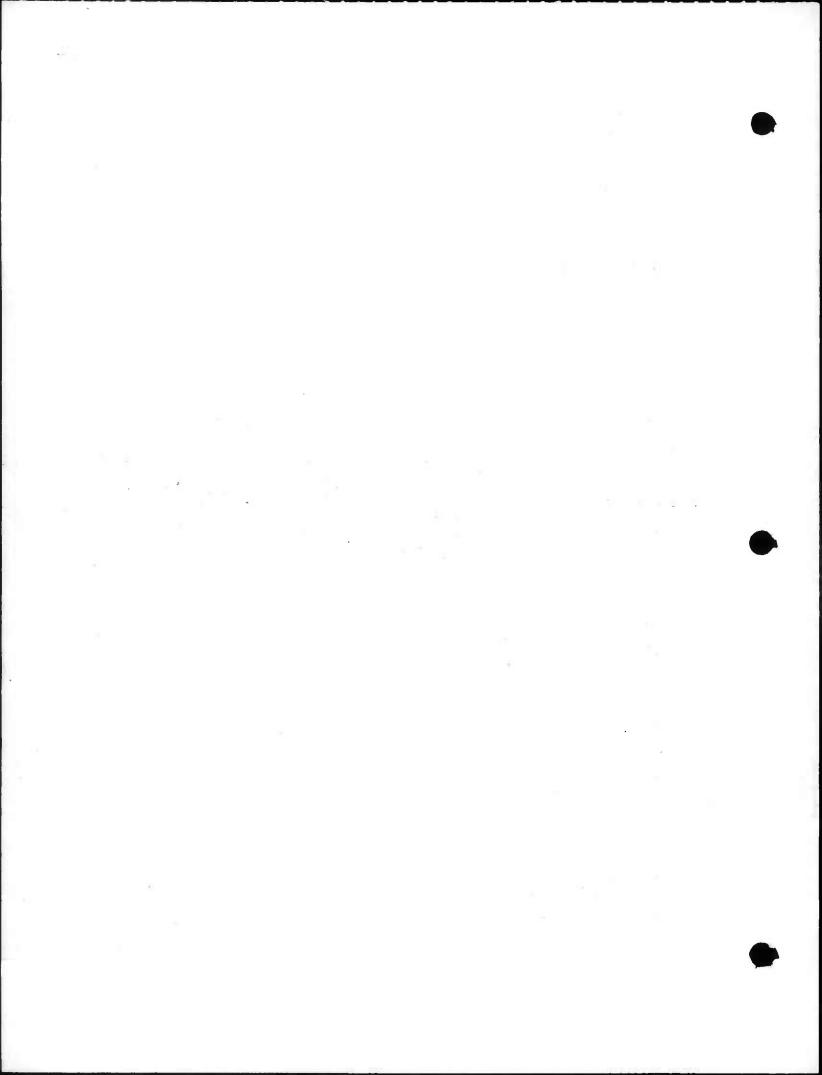
in Dendem F

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SEPT.17,1994 WILLIAM Α. YOUNG 18:45 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HONTHS DAYS HOURS 1 X M 2 - F UNKNOWN YRS. 92 5-21-1902 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GOOD SAMARITON HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARLBORO MASSACHUSETTS 1X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10e. CITIZEN OF WHAT COUNTRY? 01752 448 BERLIN ROAD USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 📉 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BY Specify: BLACK 6 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working ᄪ Elementary/Secondary (0-12) College (1-4 or 5+) COMP UNKNOWN UNKNOWN CATERER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at LAWRENCE YOUNG SHIPLEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MELVIN HARRELL 1703 ALBERT TERRACE, MITCHVILLE, MD. 20721 pe 20e. METHOD OF DISPOSITION
1 ☒ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must 4 Donation 5 D-Other (Specify) __ CATHEDRAL CEMETERY BALTIMORE, MARYLAND medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, 21223 MD. 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errect, shock, or heart fellure. List only one Asuse on each line. Approximete Intervel Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition_ 0 resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST Injury, PART II. Other eignificent conditione contributing to deeth but not reculting in the underlying cause given in Pert i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL:
1 □ Inpetient 2 XER/Outpetient 3 □ DOA OTHER: 1 X YES 2 - NO ing Home 5 - Rasidence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending М BY 1 YES 2 NO death DIRECTOR: After 1 hours after death Accident 28a. PLACE OF INJURY — At homa, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 28 datarmined item 29a, CERTHELER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE HOSPITAL O THE FUNERAL D filed within 72 ho TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If II 2 [XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b TURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 O.C.M.E SEPT. 18, 1994 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Ray 1/89

111 Penn Street, Baltimore, Maryland 21201



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1215-0020	or attending physician.	r use as the burial-transit permit. Pages 1,
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21	atte	use
- 51	ō	5

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME /First, Middle, Last) LONG 4. SOCIAL SECURITY NUMBER	etta 5. SEX 8. AGE (II	ZA(hak FUNDER 1 YEAR	LIAS IF UNDER 24 HRS.	2. DATE OF DEATH DAY SEPTEMBER 27	1994 1 8. BIRTH	3. TIME OF DEATH 10:45 am PLACE (State or Foreign
	216-48-4945 9e. FACILITY NAME (If not institution, give et	1 M 2 X F	84 YRS.	ONTHS DAYS	HOURS MIN.	July 2, 19	Countr	yland
TOR	Charlestown Care				nsville		Baltin	
DIRECTOR	100. STATE 10b. COUNTY Maryland			TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2236 Lake Avenue			101.	21213		10g. CITIZEN OF W	d States
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe		NC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	No- 14. RACE	— American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo- retired.)	at of working	16b. KIND OF BUSIN		
	11 17. FATHER'S NAME (First, Middle, Last) Arno Rheinhart	Haberkorn	Pharma	cy Cler	18. MOTHER'S NA	Retail ME (First, Middle, Meiden Su oline Flick		. y
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Carol Jean	Lang		Willis	nd Number or Rural I	California,	State, Zip Code)	0619
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF otery, cremetory or other Taine Park	Cemetery	9/	/30/94 Balt	timore,	wn, state Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Mark T. Z	avoyna	Leon	ard J. R Harford	cuck, Inc. Road Balt	imore.	21214
CERTIFICATION	IMMEDIATE CAUSE (Finsi	a. CNOLANG DUE TO (OR AS A DUE TO (OR AS A	ch line.	PANCR			tory arrest,	Approximate Interval Between Onset end Death
PHYSICIAN: MEDICAL CER	PART II. Other algorificant condition DEM ENT					Part I. 24a. WAS AN AN PERFORM	ED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
B	1 VES 2 100 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	1 Inpatient 2 ER/Outps 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Speci	26b. TIME	OF 28c. INJI RY WO 1 1 Y	JRY AT RK? ES 2 NO	6 ☐ Other (Specify) 26d. OESCRIBE HOW INJ 261. LOCATION (Street and City or Town, State)		Route Number,
COMPLETED	290. CERTIFIER (Check only 1 COCERTIFYING PHYSIC	CIAN: To the best of my knowle) end menner es stated.
O BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	Mr			29c. LICENSE NUN	18ER :	P 9 Z	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO 7// WAIDEN 31. DATE FILED (Month, Day, War)	CHUICE OL	ANE		MUE	MD 2	1228	
	SEP2 8 1994 July	A UTTO BEEN AND STORY)					Shill

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N	IARYLAI				HEALTH AND DEATH	MENT	TAL HYGIE			
1. DECEDENT'S NAME (First Cliff)		STEL	LE		Ar	drew	7	2. D/	Sept.	~ [8,1	994	3. TIME OF DEATH $10:52^{\mbox{A}}_{\mbox{\tiny M}}$
4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birt	MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH onth, Day, Year)			PLACE (State or Foreign
214-32-73		1X XM 2 □ F	89		ras.				G. 27	1905	MA	RYLAND
9a. FACILITY NAME (If not in					9b.		OR LOCATION OF I	DEATH			INTY OF DE	
Memoria	HO	<u>spital</u>				Eas	ton			1 1	Calbo	ot
10a. STATE	10b. COUNTY			10	c. CITY, TO	WN OR LOC	ATION					10d, INSIDE CITY LIMITS?
MARYLAND	TAL	вот				COF	RDOVA					1 YES 2 NO
100. STREET AND NUMBER						1	Of. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
11010 PLU	GGE R	OAD 12. WAS DECEDEN	T FMED IN I	LO ADMED		40.000.00	21625			US		
1 Never Married 2 3 XWIdowed 4 Dive		FORCES? 1	YES	2 XNO		If yes, a	ECENDENT OF HISP/ specify Cuban, Maxic S 2 X NO Spec	an, Puar		rea or No—		— American Indian, Whita, atc.
	EDENT'S EDUC y highest grade		-1		ENT'S USUA		ION nost of working		16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary ()-12)	College (1-4 or 5 +)	life. Do	NOT use retir	ed.)						
17. FATHER'S NAME (First, M	Medella (a a t)			F.F.	RME	<u> </u>	T			ARMIN	IG	
GEORGE 1		NGTON A	NDRE	W			SUSIE			,	CE	
19a. INFORMANT'S NAME (Type/Print)						and Number or Rura					
JOYCE A.		NGSWORT	H	222	4 ST	'ARR	ROAD,	QUE	EN AN	NE, N	4D 2	1657
20a. METHOD OF DISPOSIT X Burlal 2 Crematic 4 Donation 5 Other	on 3 🗆 Ramo	oval from State			ry or other of		Name of EMETERY			OCATION -	100	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		1		22. NAME	AND ADDRESS OF F	ACILITY	LIOMI	7 D	7	
Nou a	2 2	MERC	500				S. HAR					MD MD
23. PART i. Enter the d	iseesea, Dr c	omplications that	ceused t	he deeth.	Do not e	nter the m	ode of dying, au	ch aa c	erdiac Dr res	piratory ar	rest,	Approximate
shock, or h IMMEDIATE CAUSE (Fir	eert fellure, l	Liet only one ceu	ee Dn eec	h iine.								intervel Between Onset and Death
disease or condition resulting in death)	→	. (ERE	BPO	VACC	ALLK	or Ac.	c/0	ENF			0055
		DUE TO	OF AS A C	ONSEQUE	ICE OF):							71735
Sequentielly list condit	ipna.	b			CLEI	20515						YEARS
if any, leeding to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A C	ONSEOUE	ICE OF):							,
CAUSE (Disease or injuting that initiated events		DUE TO	OR AS A C	ONSEQUE	ICE OF):							
resulting in death) LAS	T ,	1.										
PART II. Other aignifice	nt condition	e enstellution to	do ath hou		Mara In Ab							
San III.	11 05	CORONAS		Di Coou	nung in the	e underlyli	ng ceuse given ii	Part I.		ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
	V 0-00	MULAR	100	TE	4.62				1 🗌 YES	2 NO		OF DEATH?
DID TOBACCO U					VEC I	J ON E	ZINICEDTA	NI IT				1 YES 2 NO
25. WAS CASE REFERRED T		CIDOTE TO CA			DEATH (C)			114 🗀				
EXAMINER?		HOSPITAL;	ER/Outpati	ant 3 🗆 C		HEAT: Nursing Ho	me 5 🗆 Rasidence	a 🗆 o	ther (Specify)			
27. MANNER OF DEATH		28s. DATE OF (Month, D		28	b. TIME OF	28c. IN	IJURY AT		DESCRIBE HOV	INJURY OC	CURED	
	Pending investigation					M 1 🗆	YES 2 NO					
	Could not be detarmined	28s. PLACE Of building,	F INJURY — atc. (Specify	At home,	larm, street,	factory, off	len		OCATION (Streetity or Town, Sta		r or Rural A	oute Number,
								1				
anal .		CIAN: To the best of										
2 MED			amination a	nd/or Inves	tigation, in	my opinion,	death occured at th	e time, d	lete and place,	and dua to ti	he cause(a)	and mannar as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	7	11				29c. LICENSE NO	_	/ -	29d. DAT	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WILL	COMPLETED CAUS	E OF DEAT	U //	/Time for a		1 DL	5)	62		1.17	7. 14
C	t50MA		AIT				EAS	- A	11107	1601		
31. DATE FILED (Month, Day,	Year)	g 32. REGISTRA			MICVO	201	CNS	UN	1100	1001		
SEP 19 19	194	Spelia David		modelle								
	(DHMH-18 Rev 1/8

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMEN CERTIFICAT			MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Las	Abramovi	tz		Ä	2. DATE OF DEATH MONTH	DAY 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5 78-03-/63	5. SEX 1	2 YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-19-	.0	INTHPLACE (State or Foreign ountry)
TOR	ANNE ARUNDER	L MED CR	96. CI	LUN	APOLIS	DEATH	ANNI ANNI	1
DIRECTOR	10e. STATE 10b. COUL	TNNE ARUNDE	10c. CITY, TOWN	OR LOCA	TION			10d. INSIDE CITY UMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	RD.		10	21 01	2	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	No	If yes, sp		ANIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify:
PLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.	o during mo }	ost of working		USINESS/INDUSTI	
COMP	17. FATHER'S NAME (First, Middle, Last)	E 80		20(9		AME (First, Middle, Maide		1
TO BE	190. INFORMANT'S NAME (Type/Print)	r. KIT	19b. MAILING ADDRE	SS (Street	and Number or Rura	Aoute Number, City or R	own, State, Zip Cool	7 FFLF 1
I	SROADUS 200. METHOD OF DISPOSITION	VARNER		OOR		ARNOL	D, Mi	21012
	1 Donation 5 Other (Specify)	emoval trom State cemetery	CE AND DATE OF DISPO r, crematory or other place	9)	TO RY	9-12 20c. 1	AT NEV	U.S. MA
	23. PART Enter the diseasea, of ahock, or heart failur immediate CAUSE (Finei disease or condition	or complications that coused the	deeth. Do not ente	300	RANCO	CH. S.P.	MD.	21146 Approximate interval Betwo
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):	e.	i En	Park of	AA A A A	4
MEDICAL C	PART II. Other algnificant condition	ons contributing to death but n	ot resulting in the t	ınderlyin	g ceuse given in		NA AUTOPSY DRIMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	R:	LACE OF DEATH (C			
	27. MANNER OF DEATH 1 Netural 5 Pending	1 Vinpatient 2 ER/Outpatier 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF NIJURY	28c. IN.	JURY AT ORK?	28d. DESCRIBE HOW	• 1	Dication-Ho
ETED BY	2 scident Investigatio	260 PLACE OF INJURY - A	it home, farm, street, ta	ctory, offic	:0	281. LOCATION (Street City or Fown, Stell	t end Number or Ri	
COMPLETED	000)	YSICIAN: To the best of my knowledge INER: On the basis of examination end						use(e) end menner ee stated
BE CC	29b. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NU	IMBER		NED (Month, Day, Year)
0	Kuhert.	Ders			103300	4º 9'	9/	3/77

Jalia Davilear Rendall

DHMH-16 Rev 1/89

0.12.13 -THE VOICE OF BUILDING TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR		011112 01 1		CERTIF	ICAT		DEATH		RE	EG. NO.			
1. DECEDENT'S NAME (First,		ALLEN	5 Georg						2. DATE OF O			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yr	s. last birthday)	IF UND	DER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF B			8. BIRTH	PLACE (State or Foreign
233-34-2857		1 🗌 M 2 💢 F	72	YRS.	MONTH	DAYS	HOURS	MIN.	Dec . 20	, 192	2.1	West	Virginia
9e. FACILITY NAME (If not ins					9b. ÇI		R LOCATION	OF DEA	TH	′ 1		NTY OF D	
UNIV 05	mo-	BARROW	<u></u>			BAC	1 moor	٤,	mo.		BA	mm	une
RESIDENCE OF DEC													
10e. STATE	10b. COUNTY			t0c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS?
Maryland	wasn	ington			WII	liams	<u> </u>						1 XYES 2 NO
100. STREET AND NUMBER 240 E.Poto	omac St	•				101.	2179	5			t0g. CIT	USA	/HAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	t	3. WAS DEC	ENDENT OF I	ISPANI	C ORIGIN? (Sp	ecify Yes	or No-	14. RACE	- American Indien,
1 Never Merried 2		FORCES? 1						Viexicen Specify:	, Puerto Rican,	atc.)		Speci	t, White, etc.
3 Widowed 4 Divo	rced	WW	Ц										White
15. DECI (Specify only	EDENT'S EDUC	ATION completed)	164	Give kind of	work don	ne durina mos	N st of working		16b. KIND	OF BUSI	NESS/IN	DUSTRY	
Elementary/Secondary (0-	-12)	College (t-4 or 5	+)	life. Do NOT us	se retired	1.)				Α *		C.I. NA.	
11				Machi	ne ()pera	ror			Air	cra	TT Ma	nufacture
17. FATHER'S NAME (First, Mi	iddle, Last)								E (First, Middle				****
Collins		Allen		Aike	าร		Be	ssi	е	M	lae		Miller
190. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRE	SS (Street a	nd Number or	Aural Ac	oute Number, Ci	ty or Town	Stete, Zij	Code)	
Evelyn M.Ai	kens			240	E.Po	otoma	st.W	/ill	iamspo	rt,N	1D 2	1795	
20e, METHOD OF OISPOSITION 1 K Burlel 2 Cremation	ON Remo	wel from State		CEANDDATE			me of		DATE	20c. LOC	ATION —	City or To	wn, State
4 Donaffon 5 Other	(Specify)		Rest	Haven C	emete	ery Se	ep.20,1	994		Hage	erst	own,	4D 21740
21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE			2		D ADDRESS						
► ////g/1///	1. Ose	low				P.0.	3 0 x #	348	AL HOM	amsp			21795
23. PART I. Enter the di- ahock, or ha	seases, or co	omplicationa tha list only ona cau	t caused the	death. Do i	ot ent	ar tha mo	da of dying	, such	aa cardiac o	or reapir	atory ar	reat,	Approximata Intarval Batween
IMMEDIATE CAUSE (Fin											0		Onset and Death
disease or condition resulting in death)	→ .	741	2004	6 /	FTE	-12	Mr. W	M	YAWE	_	150	wen	BUT KENITON
				NSEQUENCE O	,								
Sequentially list condition	D b		who ,			BILA	ene-	~					
if any, leading to immed	diata			NSEOUENCE O	F):				223				
cause. Entar UNDERLYII CAUSE (Disease or Injur		•	Enon			1.15	meso	m	, Bu	BED	INC.		
that initiated events reaulting in death) LAS1		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
reading in deatin, End	d												
PART II. Other significat	nt conditions	contributing to	death but n	ot reaulting	In tha	underlying	cause give	en in P	art I, 24a.	WAS AN A	WTOPSY	24b	WERE AUTOPSY FINDINGS
	MANG			DISEA						PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 1 _	YES 2	NO		OF DEATH?
DID TOBACCO US	SE CONITO	IRLITE TO CA	LISE OF D	EATL V	c 🗖	NO E	LINICES	TAIL	_				1 TYES 2 -NO
25. WAS CASE REFERRED TO	_	IBUTE TO CA		PLACE OF DEA			UNCER	MIAIN					
EXAMINER?		HOSPITAL:			ОТН	ER:							
1 YES 2 TO		1 Diripatient 2 2		t 3 DOA		ursing Home		_	Other (Spe		44.60000 -	ai m = r	
1 Natural 5 F	Pendina	(Month, D		INJ	URY	WO	RK?	_ [28d. DESCRIB	E HOW IN	JURY OC	CURED	
a Accident							ES 2 N	0					
	nvestigation	One DI ACE O	E IN HIEW A	A h									
		28e. PLACE O building,	F INJURY — A etc. (Specify)	it home, ferm,	itreet, fa	ectory, office			281. LOCATION City or Tow	l (Street an n, State)	d Number	r or Aurai F	oute Number,
4 Homicide	riveatigation Could not be determined	building,	etc. (Specify)				_		City or Tow	n, State)			loute Number,
4 Homicide 29e, CERTIFIER (Check only	Could not be letermined	IAN: To the best of	etc. (Specify) my knowledge	, death occurr	ed at the	fime, data	and place, en	d due fo	City or Tow	n, State)	or es ater	ted.	
4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	resition Could not be determined IFYING PHYSIC CAL EXAMINER	IAN: To the best of	etc. (Specify) my knowledge	, death occurr	ed at the	fime, data	and place, en	d due fo	Offy or Tow of the ceuse(s) me, date end p	n, State)	due to f	ted. Te ceuse(s	end menner es stated.
4 Homicide 29e, CERTIFIER (Check only	resition Could not be determined IFYING PHYSIC CAL EXAMINER	IAN: To the best of	etc. (Specify) my knowledge	, death occurr	ed at the	fime, data	and place, en	d due for the ti	City or Tow o fhe ceuse(s) me, date end p	n, State)	due to f	ted. ne ceuse(s	
4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	OVERTIFIER OF CERTIFIER PERSON WHO	IAN: To the best of	my knowledge	s, death occurre	nd at the	fime, data	and place, en	ed due for the till E NUME	City or Tow o fhe ceuse(s) me, date end p	and mann	due to ft	ted. Te couse(s E SIGNED	end menner es stated, (Month, Day, Year)

A 32. REGISTRAR'S SIGNATURE

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 191994

DHMH-16 Rev 1/89

RANKMORE

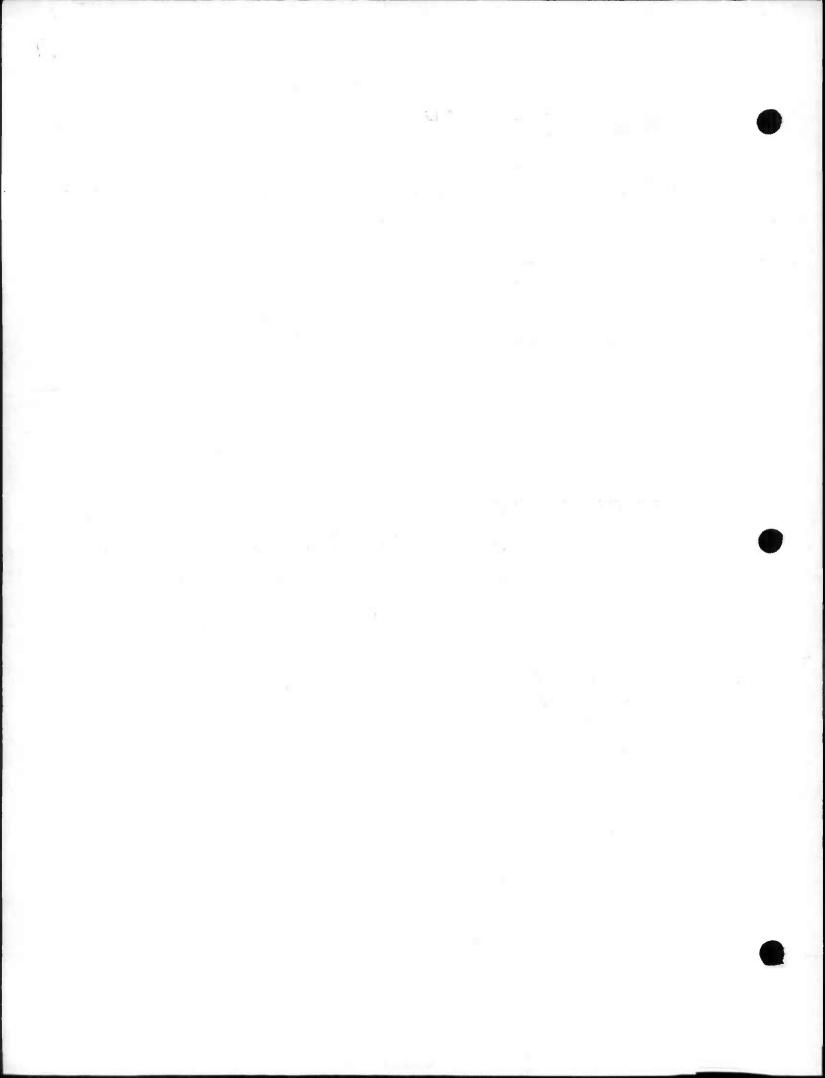
BALTIMORE, MARYLAND 21215-0020 lage 6 may be retained by the hospital or attending privates director, page 5 should be detached for use as the burners DIVISION OF VITAL RECORDS. P.O. BOX 68760.

DAL IMORL, MARITANE	ours after death. Page 6 may be retained by the hosp	1 in by the funeral director, page 5 should be detached removal.	nedical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the fined within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial. cemation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1						J *	7 20011	
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGIEN REG. NO.			
DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) ROBERT OSCAR BROWN, SR			2. DATE OF DEATH MONTH DA	14 9	3. TIME OF DEATH		
	000 10 1100	SEX 6. AGE (In yrs. lest	VRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	90. EACILITY NAME (If not inatifution-give attroct and number) 90. EACILITY NAME (If not inatifution-give attroct and number) 90. CITY, TOWN OR LOCATION OF DEATH Fallston Fallston							
	100. STATE 10b. COUNTY Maryland Har	rford	10c. CITY, TOWN	DR LOCATION Edgewoo	od		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 612 Haven Place			101. ZIP CODE 21014		10g. CITIZEN	OF WHAT COUNTRY? USA	
BY FUN	1 Never Married 2 X Married	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPAI If yee, specify Cuben, Mexica 1 — YES 2 ANO Specify	in, Puerto Ricen, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify:	
COMPLETED						TRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Bill William Brown 18. MOTHER'S NAME (First, Middle, Meiden Surname) Rose (u/k) Addison							
TO E	196. INFORMANT'S NAME (Type/Print) 196. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hazel M. Brown 612 Haven Place, Edgewood, Maryland 21040							
	20e. METHOD OF DISPOSITION 1 Structure 2 Commention 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF OISPOSITION (Name of campeters, crematory or other place) Air Memorial Gardens 9/16/94 Bel Air, Maryland							
	21. SIGNATURE OF PUNERAL SERVICE LICENSI		Ĥċ	ward K. McC 317 Cokesbur	omas III F	uneral	Home, P.A.	
	23. PART I. Enter the diseases, or comp shock, or heart fellure. List IMMEDIATE CAUSE (Final	plications that caused the dea only one cause on each line.	ith. Do not antar	tha moda of dying, suc	h as cardiac or raspi	ratory arrast	Approximata interval Batween Onset and Death	
	disease or condition resulting in daath)	DUE TO (OR AS A CONSEQU	bow	el dish	usl		Onset and Death	
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c. c.							
ICATI								
CERTIFICATION	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.							
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Conclude beautiful for the performed? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Done telent 2 ER/Outpatient 3 Doa 4 Nursing Home 5 Residence 6 Other (Specify)							
ву РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2				28d. OESCRIBE HOW INJURY OCCUREO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	ne, term, street, fact	tory, office	281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,	
COMPLETED		: To the best of my knowledge, dean					ouse(e) end manner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	(GM)		29c. LICENSE NUI	MBER 364	29d. DATE \$1	GNED (Month, Day, Year)	
-	30. NAME AND AODRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM	27) (Type Print)					

33. REGISTHAR'S SIGNAFORE

SEP 1 5 1994



BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician	tely filled in by the funeral director, page 5 should be detached for use as the burlat-train mation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgal-branes be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

21	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Shirley L. Bord				2. DATE OF DEATH		3. TIME OF DEATH 94 12:45 a M	
						7. DATE OF BIRTH		94 12:45 a M BIRTHPLACE (State or Foreign
	100 34 3107	1 - M 2 XF 54	YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Your) 04-26-14		MD.
œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DI Deer"s Head Center Salisbury			eath 9c. county of death Wicomico				
5	RESIDENCE OF DECEDENT						MTGO	
DIRECTOR	MD. SOMERSET			MARION				10d. INSIDE CITY LIMITS? 1 YES 2 K NO
FUNERAL	100. STREET AND NUMBER 29788 BRUANT				101. ZIP CODE 21838	i	10g. CITIZEN	OF WHAT COUNTRY?
N. C.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe			or No 14.	RACE — American Indian,
BY F	1 ☐ Never Married 2 ☑ Married FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 P NO Specify:			Black, Write, etc. Specify: Black	
ETED	15. DECEDENT'S EDUCA (Specify only highest grade oc		DECEDENT'S I	USUAL OCCUP	NTION most of working	16b. KIND OF BU	SINESS/INDUST	TRY
F				the kind of work done during most of working Do NOT use retired.) A BORER			RubberseT	
COMPL	17. FATHER'S NAME (First, Middle, Last)		<u> </u>	746.4		ME (First, Middle, Maiden		
BE (DAMON BIGKE		100 11411 1110	4.000.00 (Ov.	Della	HOLLAND		
TO BE CON	FONTINA DUHART		3901 Fu	. 1		Abute Number, City or Town		149BO I.N
1971	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remov	al from State 20b. PLAG	CE AND DATE O	F DISPOSITION her place	(Name of	DATE 20c. LO	CATION — City	or Town, Stata
	1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. BIGHATURE OF FUNERAL BEHINDE LICENSEE 22. NAME AND ADDRESS OF FACILITY ANThony E. WARD Funckal Home							
Exa	Monthey &	lion	>	AN-				ne no. 21853
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li	mplications that caused the st only one cause on each I	death. Do n	ot enter the	node of dying, suc	h as cardiac or resp	iratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	End Stage	Ronal	Dica	350			Onset and Death
event,	resulting in death) a.	DUE TO (OR AS A CON			450			
ON	Sequentially list conditions, ff any, leading to immediate Diabetes Nephropathy DUE TO (OR AS A CONSEQUENCE OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	Diabetes M						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (QR AS A CON	SEQUENCE OF):				
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS							
JICAL	Hypertensive Encephalopathy , Depression PERFORMED? COMPLETION OF CAUS						MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	1 YES 2					1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
YSIC		HOSPITAL: TX Inpatient 2 - ER/Outpatient		OTHER:	ome 5 - Residence			
61 1	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	NJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	RED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY At	home, farm, st		YES 2 NO	281. LOCATION (Street	and Number or I	Flural Floute Number,
ETEI	4 Homicide determined City or Town, State)							
COMPLETE	29a. CERTIFIER (Check only one) 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
BEC	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month.							
<u>۹</u>	30. NAME AND ADDRESS OF PERSON WHO				D15093			-13-1994
	Elsa M. Goris, M.D. P.O. Box 2018 Deer's Head Center Salis. Md. 21801							
	SEP 16 1994 July O'KINGLEY ROLL O'KI							

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Alternative Section 2

		permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0000	requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or mining a page 1.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for were a completely filled in by the attending physician and completely filled in by the funeral director, page 5 should be detached for were a completely filled in by	or removal.
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within	een signed by the attending physician and completely filled	of Health and Mental Hygiene prior to buriat, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, I

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
C	FRTIFICATE	OF DEATH		DEC NO

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		02.1111110	AIL OI	DEATH	2. DATE OF OEATH		3. TIME OF DEATH	
	RICHARD	KENNETH	BRADI	r v		09 07		7:40 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign	
	218-50-0528 9e. FACILITY NAME (if not institution, give s	1 M 2 F	48 YRS.	DAYS	HOURS MIN,	(Month, Day, Year) 03 23	46 COUNTY OF	WV	
FUNERAL DIRECTOR	SACRED HEART	HOSPITAL			ERLAND			ALLEGANY	
1	10e. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT	TON			10d. INSIDE CITY	
5	Md. Alle	West	Westernport				LIMITS? 1 X YES 2 NO		
7	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?	
티	506 Maryland	Ave.			21562		US		
בַּ	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 V YES	IN U.S. ARMED			IIC ORIGIN? (Specify Yee	or No — 14. RAC	E — American Indien, ck, White, etc.	
20	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 V YES	DATES	2 NO If yee, specify Cuban, Mexican, 1 YES 2 NO Specify:			Specify:		
ED	15. DECEDENT'S EDU	Vietnam Ve	16a. DECEDENT'S US	IIAL OCCUPATO	N.	AND KIND OF BUILD		White	
: 1	(Specify only highest grade	completed)	(Give kind of wor	k done during mo	st of working	16b. KIND OF BUS	SINESS/INDUSTRY		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Woodyard-		o Corn	Paper M	lanufacti	ıro	
5	17. FATHER'S NAME (First, Middle, Last)		moodyara	nebe vae		ME (First, Middle, Meiden		ILE	
_	Henry Bradley	r				Crowe	od///o//		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DRESS (Street a		Route Number, City or Town	n. State. Zin Code)		
2	Freda Bradley	r				rnport, Md			
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (No	me of	DATE 20c LO	CATION - City or T	own, State	
	1X XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	XBuriel 2 Cremation 3 Removal from State Campillary or other place							
	21. SIGNATURE OF FUNERAL BETWICE LIK	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	Boal Funeral Home 111 Church St. Westernport, Md. 21562								
٦	23. PART I. Enter the diseases, pr	Complications that cause	ed the death. Do not	enter the mo	de of dylan evol	t. Western	port, Mo	Approximate	
	shock, or heaft fellure.	List only one cause on	sech line.		as or ajing, sac.	A	ratory arrest,	intarval Between	
	IMMEDIATE CAUSE (Finel disease or condition								
	resulting in death) a								
,	- Consil								
CALION	Sequentially list conditions, If any, leading to immediate								
3	cause. Entar UNDERLYING								
	that initiated events DUE 10/10R AS A CONSEQUENCE OP):								
CEMILL	esulting in death) LAST a Chrome myelogolic Keukemia The								
5	PART II. Other significant conditions contributing to death but not resulting in the junderlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
3	PERFORMED? MAILABLE PRIOR TO								
	OF DEATHS								
3	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
ź	25. WAS CASE REFERRED TO MEDICAL								
SICIAN	EXAMINER?	NOSPITAL:		THER:	ACE OF DEATH (Ch				
É	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	26b, TIME C		e 5 Reeldence	6 ☐ Other (Specify) 26d, DEŞCRIBE HOW II	NUMBY OCCURED		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WC	PRK?	avo. Deponioe non n	NOON OCCORED		
	Accident Investigation 3 Suicide & Could not be	28a PLACE OF INJURY - At home farm street featons office				28f. LOCATION (Street a	and Number or Rural	Route Number,	
3	4 Homicide determined	City of Town States						Secret States	
4	290. CERTIFIER	CIAN. To the best of an ince	myevarane.U						
L I	one)	ICIAN: To the best of my known						(a) and manner as stated	
3	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end manner ee stated.								
4	296, SIGNATURE AND TITLE OF CERTIFIER							9d. DATE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	FATH (ITEM 27) (Type D	int	D15463		9/8/	94	
					DOD# :=	01560			
	DR. SHIN KIM, M 31. DATE-FILED (Month, Day, Year)	32. WEGISTRAR'S SM	STREET, V	VESTERN	PORT, MD	21562			
	31. DATE SEP 1 2 1994	32. JEGISTIJAR'S SI	artall						

•	2	nadon.	1	7
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fram the burial-fram the formal page.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

Vik Poonai, M.D.,

SEP 1 4 99

31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Sept. 1 5 9 4 7:15 pm BENNETT DAISY MARIE 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 | M 2 | F YRS. JULY 29 1916 216-22-6415 78 PENNA. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR Memorial Hospital Allegany Cumberland RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MARYLAND ALLEGANY CUMBERLAND FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 135 NORTH MECHANIC STREET 21502 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, smarify Cuban, Maxican, Puerto Rican, atc.)
 Black, White, stc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE IF YES, GIVE WAR OR DATES A 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSE KEEPER HOUSE KEEPER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) BE MITCHELL ELLSWORTH CASTEEL MARTHA ELIZABETH MARKS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIRGIL R. BENNETT FOURTH STREET CUMBERLAND MARYLAND 21502 20e METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State SUNSET CEMETERY SEPT 14, 4 Donation 5 Other (Specify) 1994 CUMBERLAND MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ent MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, Dr haart failure. List Dnly Dne cause Dn each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) DUE TO (DR AS A CONSEQUENCE DF): CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident
3 Suicide 28a. PLACE OF INJURY — At home, ferm, atreet, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide datermined 29e. CERTIFIER

(Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner ea stated. 2 MEDICAL EXAMINER: On the basis of asimination end/or investigation, or my opinion, death occurred at the time, date and piece, and due to the ceuse(a) and manner ea stated.

29c. LICENSE NUMBER

955 Frederick St., Cumberland, Md. 21502

D 36766

32. REGISTRAR'S SIGNATURE 11. At redsor Revolate

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

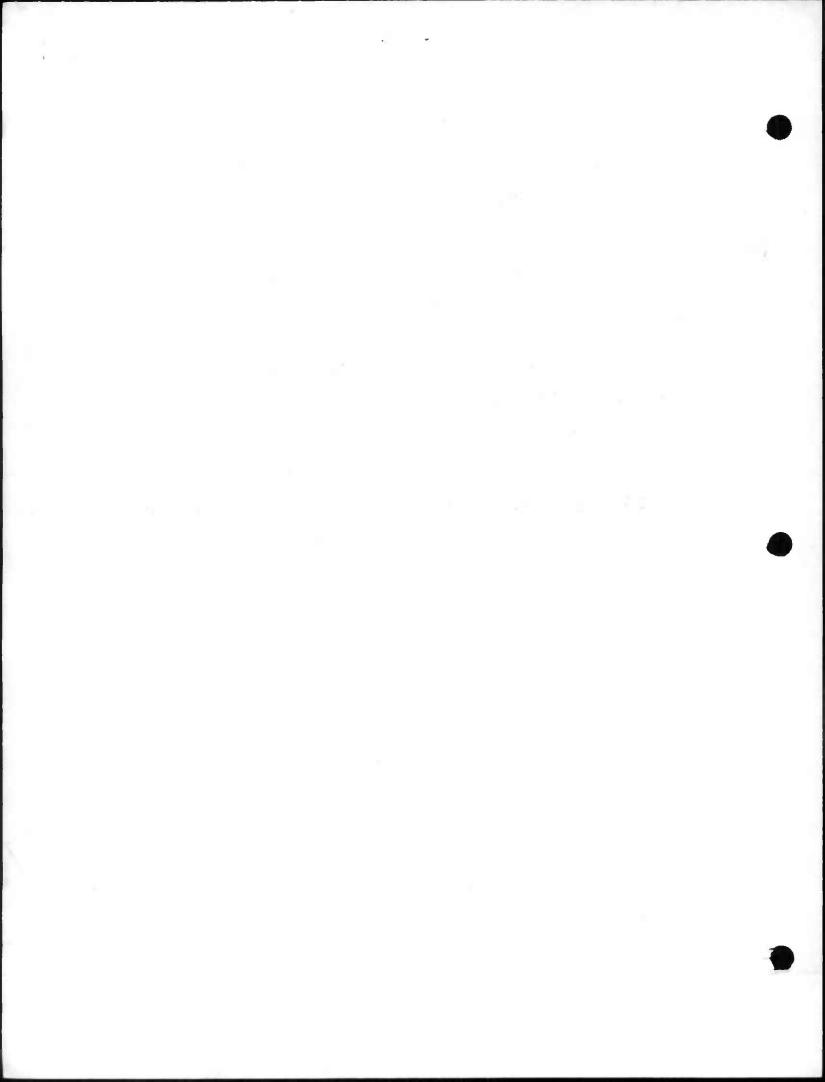
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	==	
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23	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)	JAMES	FRANCI	S BZ	ALDW	IN,	III		2. DATI MON SEP	E OF DEATH		YEAR	3. TIME OF	
	4. SOCIAL SECURITY NUMBER 212-05-3954	5, SEX 1 XXX 2 🗆 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS		7 DATE	E OF BIRTH		8. BIRTHPI Country)	LACE (State	or Foreign
DIRECTOR	9e. FACILITY NAME (If not institution, give st CORSICA HILLS		CENTER	2	-		R LOCATI				9c. COUNTY OF DEATH OUEEN ANNE'S			
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					Ι,	IOd. INSIDI	CITY
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COMPL	12 17. FATHER'S NAME (First, Middle, Last)	1		ECTR	ICA	L EN				ALTO.		& E	LECI	RIC
BE CC	JAMES F. BALDWI	N, JR.					EL	IZA	BETI	Middle, Malden	CNE			
5	190. INFORMANT'S NAME (Type/Print) CAROLYN B. ARMS	TRONG								CENTI			MD	21617
	20e METHOD OF DISPOSITION 1 ABurlai 2 Cremation 3 Remo	oval from State	20b. PLACE A	MD DATE	OF DISPOS	SITION (Na	me of		DA		CATION C	aty or Town	n, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	IDAILD!		22.	NAME AN	ID ADDRE	SS OF FA	CILITY				ونالللا	MD
- 1	JOHN R.				20	00 5	. н	ARR	ISO	HOME,	EAS	MOT	. MD	2160
	23. PART I. Enter the diseases, or c ahock, or heart feliure. I	omplications that lat only one cau	t caused the dause on each lina	eth. Do i	not antar	tha mo	da of dy	ing, suc	h aa car	rdiac or respi	ratory arre	st,	Appr	oximata /ai Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	l	(2 S	SC	·U	D						Sonse	t and Death Uss T
Z		DUE TO	(OR AS A CONSEC	OUENCE O	F):		-							1
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSED	UENCE O	F):								1	
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								+	
CER	resulting in death) LAST												-	
CAL	PART II. Other aignificent conditions	contributing to	deeth but not re	esulting	in the un	nderlying	ceuse (given in	Part I.	24a. WAS AN PERFOR	MED?	A	MAILABLE F	PSY FINDINGS PRIOR TO N DF CAUSE
PHYSICIAN: MEDICAL										1 - YES 2	No	D	F DEATH?	
ä														
SIC1/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	1 :	ACE OF D							
¥	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJI WO	URY AT	siderice		er (Specify) SCRIBE HOW IP	JURY OCC	URED		
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	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	me, ferm, :	street, fact	ory, office				CATION (Street e or Town, State)	nd Number o	or Aural Rou	ite Number,	
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BE CC	29L SIGNATURE AND THE OF CERTIFIES	21	OR					NSE NUM		That place, ell		SIGNED (M		Yer)
10 B	30. NAME AND ANDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)		UI	23	4	5	17	-6	91	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMBOOTANT IS stem 29 in marked on New 32 shows any laters, or asher seconds arrested arrested and arrested to
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		FOR STATE REGISTRAR		STATE OF	MARYL					DEAT		MEN	TAL HYGIEN	E		
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		4. SOCIAL SECURITY NUMBER		SEX		(In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. D/	TE OF BIRTH	10,	8. BIRTI	HPLACE (State or Foreign
	i		1	□ M 2 🔀 F		73	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year) C 22, 19	920	Mai	rvland
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1 %			lbot	L				,								10d. INSIDE CITY LIMITS?
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일		David C. Brown	,										lumber, City or Town			01000
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E E		20g. METHOD OF DISPOSITION Description Method	emoval	from Stata		Oliv	netory or o	ther place)		ine or						
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	1	23. PART I. Entar tha diseases, of	com	olicetions the	700	d the de	ath Die	31	2 S.	Tal	bot	St.	St. M	licha	els.	MD. 21663
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5 1	İ	resulting in destit) CAST	d													
		PART ii. Other significent condit	lons co	entributing to	death b	out not re	sulting	n the ur	dariying	cause (lven in F	Part i	24s. WAS AN /	AUTOPSY	246	. WERE AUTOPSY FINDINGS
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BY PHYSICI	ľ	27_MANNER OF DEATH		28a. DATE OF (Month, D			28b. TIM	-	28c, INJ				DESCRIBE NOW IN	JURY OC	CURED	
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틸립	ı	29a. CERTIFIER 1 CERTIFYING PH														-
D. BE COMPLE		One) 2 MEDICAL EXAM	INER: Or	the basis of e	xaminetio	n and/or in	rvestigatio	n, In my o	pinion, d	enth occur	ed at the t	time, d	ate and place, and	due to th	n cause(s	a) and manner as stated.
È w/	1	296. SIGNATURE AND TITLE OF CERTIF	IER		110			1 /	λ	29c. LICE	NSE NUM	BER	D	29d. DAT	E SIGNED	(Month, Day, Year)
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-	1	30. NAME AND ADDRESS OF PERSON	ино со	MPLETED CAU	SE OF DE	ATN (ITEM	27) (Type,	Print)								7
	1	Lawrence D. Boh	an,				Lan	e, E	asto	n, M	aryla	and	21601			
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hospital or attending physician use as the Jo. detached retained by the funeral director, page 5 should Раде 6 тау ours after death. n and completely filled in by the to burial, cremation, or removal. attending physician ntal Hygiene prior to death certificate be the atter signed by the t, of ! has be Oept. OR ATTENOING PHYSICIAN: The law OIRECTOR: After this certificate has bhours after death with the State Dept.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 9 9.00 A M Austin Charles Barnes 16 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 07/05/20 216-05-6519 1 X M 2 - F 74 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 515 Anne Drive Westminster Carroll RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 VES 2 NO Maryland Carroll Westminster 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 515 Anne Drive 21157 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR DR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: white 1 TYES 2 THO Specify: 3 ₩ Widowed 4 Divorced BY WWII COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY nentary/Secondary (8-12) College (1-4 or 5+) repairman automobile 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daisy DAISY Bloom Charles **Barnes** BE 19a. INFDRMANT'S NAME (Type/Print) 211572 Jerry Barnes 1309 Guadelupe Drive, Westminster, 20a. METHOD OF DISPOSITION
1 X Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 9/19/94ATE 20c. LOCATION - City or Town, State 1 W Surial 2 Cremation 3 L 4 Donation 5 Other (Specify) Taylorsville Cemetery Taylorsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherix Prioto 412 Washington Rd., Westminster, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List pnly one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition acuto m resulting in death) DUE TO (OR AS A CONSEDUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDIENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death bot not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL anstic andur 1 TES 2 NO OF DEATH? our c 1 TYES 2 THO PHYSICIAN: Carcinoh 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidenca 8 □ Other (Specify) 1 VYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 28s. PLACE DF INJURY — At home, term, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITA
TO THE FUNERAL
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE DF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 23015 BE Lang 9 16 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WESTMINSTER S. KAL ARIA 217 WASHINGTON HGIS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 16

3. TIME OF DEATH

2:15

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

1 YES 2 NO

21663

MD 216d1

Approximata

24b. WERE AUTOPSY FINDINGS

OF OEATH?

29d. DATE SIGNEO (Month, Day, Year)

28d. DESCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 YES 2

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Interval Batween

Onset and Death

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

MONTH 9

DIRECTOR

FUNERAL

В

COMPLETED

2

permit.

use as the burial-transit

Por

ours after death. Page 6 may be retained by the hospital or attending physician.

Inneral director, page 5 should be detached

the attending physician and completely filled in by the 1 Mental Hygiene prior to burial, cremation, or removal.

Health and N

this certificate has been with the State Dept. of h

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23

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marked,

Hem

DIRECTOR: After the hours after death vitem 28 is mark

FUNERAL C within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 13

CERTIFICATION

MEDICAL

PHYSICIAN:

В

COMPLETED

BE 2 27. MANNER OF DEATH

5 Pending

THE OF CH

1994

Investigation

datermined

8 Could not be

1 Netural

2 Acctdent

3 Suicide

29a. CERTIFIER

4 Homicide

(Check only one)

29b. SIGNATURE AND

31. DATE FILED (Month

SFP

19

James 4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

James Noel Bennett,

6. AGE (In yrs. last birthday)

CANET

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withli THE HOSPITAL

> 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURA

28b. TIME OF INJURY

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY - At home, farm, street, factory, office

28c. INJURY AT WORK?

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

1 YES 2 NO

29c. LICENSE NUMBER

petient 2 - ER/Outpetient 3 - DOA

28a. OATE OF INJURY (Month, Day, Year)



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	BALTIMORE, MARYLAND 21215-0020	r dea	3 E	exe
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		hours	II De	E
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.	fter t	merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SIC	LEND	OR: A	50
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		SPIT	NER.	N.
		E H	S P	MPORTANT: It Item 28 is n
		14 OF	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permanent of temporal commitments after death with the State Deor, of Health and Mental Hydiens prior to burial, cremation, or removal.	MPC
		-	- 44	-

	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			TIME OF DEATH
	Ann ATWATER	Baker							MONTI		NY	YEAR O	:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthdey)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BUETH	~	BIRTHPLA	CE (State or Foreign
	215-44-6602	1 □ M 2 😾 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC	. 16, 1	903	NEW	YORK
33	9e. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE				TY OF DEAT	
E.	Meridian - The			F	asto	n			Т	albot			
5	RESIDENCE OF DECEDENT									uibot			
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					100	I. INSIDE CITY LIMITS?
	MARYLAND TAI	BOT		EA:	STON	Ī						1 [YES 2 X NO
M	10s. STREET AND NUMBER					10	f. ZIP CODI	E			10g. CITIZ	EN OF WHAT	COUNTRY?
4	5952 TRIPPE C	REEK D	RIVE					216	501		ט	SA	
FUNÈRAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED IO			ENDENT C			? (Specify Yes	or No-	14. RACE — Black, W	American Indian,
BY	1 Never Married 2 Married 3 V Widowed 4 Divorced	IF YES, GIVE	YES ZXX				2 X NO			siceri, etc.)			WHITE
	15. DECEDENT'S EDUC				<u> </u>								
H	(Specify only highest grade	completed)	(G	CEDENT'S ive kind of a Do NOT us	work done		on ost of working	ng	166.	KIND OF BU	SINES\$/INDU	ISTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	FIC		ATA C	מידי			DUVCI	(T 3 N	10 0	FFICE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		UF	FIC	C PLA	MAC	T .	HED'S NA	_	PRISI		5 0	FFICE
Ü	FRED TILTON	ATWATE	R					OREN			ABET	H B	RADLEY
00	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	S (Street o				er, City or Tow			
2	JACQUES T. BAK	ER, JR								ON, N			
	20s. METHOD OF DISPOSITION 1 Durlat 20 Cremation 3 Remo		20b, PLACE	ANDDATE	OF DISPOS		~		DATI	_	CATION — C		State
	4 Donation 5 Other (Specify)	Over from State	SALIS	BUR	ther place) Y CF	REMA	TOR	Y	8-3	1 SAI	ISBU	RY,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7.				ND ADDRE			HOME	, D	7	150
	111-tr-11/20	man	2 6	- 21						N ST.	•		, MD
	23. PART i. Enter the diseases, or o	omplications the	t caused the de	ath. Do r									Approximate
	shock, or heart feliure.	List only one cer	use on each line	. /	2								Interval Between Onset and Death
	disease or condition resulting in death)	AND	CHACE	= K	ACK	INS	DNE	3 [TISE	ASE		4	ACS
	resulting in death)	DUE TO	(DR AS A CONSE								-)	
Z	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(DR AS A CONSEC	DUENCE D	F):								
2	CAUSE (Disease or Injury	DUE TO	(DR AS A CONSE	NENOE O			_						
Ē	that initiated events resulting in death) LAST	006 10	(DR AS A CONSEL	JUENCE OF	-):								
ä		d,											
	PART ii. Other significant condition	s contributing to	deeth but not r	esuiting	In the ur	nderlyin	g ceuse g	given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
EDICAL	ASCINI					_				PERFOR	0	co	MPLETION DF CAUSE
ME										/	-		DEATH? YES 2 NO
													7
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PI	ACE OF D	EATH (Ch	eck only on	e)		1	
PHYSICIAN:	1 TES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	4 Nur	R: sing Hom	10 5 □ Re	sidence	8 🗌 Othe	(Specify)			
동	27. MANNER OF DEATH	28e. DATE DE (Month, L		28b. TIM		28c. INJ				CRIBE HOW I	NJURY OCCI	JRED	
BY	1 Natural 5 Pending Investigation		-,,		М		YES 2	NO					
	Suitchde 8 Could not be	28e. PLACE (building,	F INJURY — At he etc. (Specify)	me, ferm, :	street, fact	tory, offic	•			ATION (Street or Town, Stete)	and Number o	r Rural Route	Number,
	4 I Homicide determined												
릴	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	ed at the t	ilme, date	end place.	, end due	to the cau	se(e) end ma	nner ee state	d.	
OMPL	29a. CERTIFIER 1 CERTIFYING PHYSICONO) 2 MEDICAL EXAMINE												d manner as stated.
E COMPLET	(Check only	R: On the basie of e					leath occur		lime, date		d due to the	cause(e) en	d manner as stated.
H	(Check only one) 2 MEDICAL EXAMINE	R: On the basie of e					leath occur	red at the	lime, date		d due to the	cause(e) en	
w II	(Check only one) 2 MEDICAL EXAMINE	R: On the basic of o	xemination end/or	Investigatio	in, in my c	opinion, d	29c. LICE	ed at the ENSE NUI 352	Ilme, date	and place, ar	29d. DATE	SIGNED (Mo	

E * .

BALTIMORE, MARYLAND 21215-002	hours after death. Page 6 may be retained by the hospital or attending physical	lled in by the funeral director, page 5 should be detached for use as the burit, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filed within 72 hours after death with the State Dept, of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

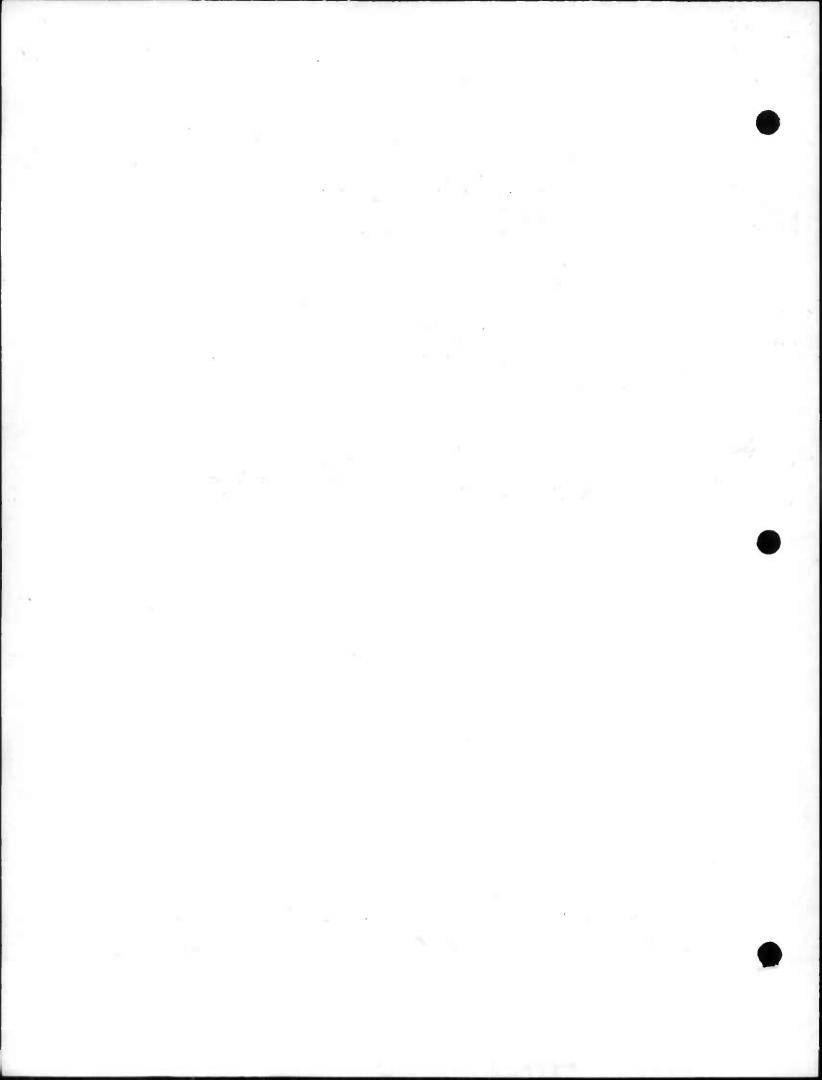
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	ROBERT GEORGE	BALLARD				SEPTEMBER		994 7:52	Ам
	4. SOCIAL SECURITY NUMBER		MC	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)	ign
	579-22-2664 9a. FACILITY NAME (If not institution, give str	1 XM 2 □ F 70	YRS.			Jan 10 19		Washington D	OC_
R	THE JOHNS HOPKINS				DE CITY	EATH	9c. COUNTY	Y OF DEATH	
CTC	RESIDENCE OF DECEDENT	HUSFITAL			RE CITY		1		
DIRECTOR	10a. STATE 10b. COUNTY	Arundal	10c. CiTY, 1	OWN OR LOCAT				10d. INSIDE CITY	
\r	MD Anne 100. STREET AND NUMBER	Arundel		Annap	OTIS ZIP CODE		10a. CITIZEI	1 XVES 2 NO	0
FUNERAL	832 Bay Ridge A	venue			21403			SA	
D.	11. MARITAL, STATUS	12. WAS DECEDENT EYER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		I. RACE — American Indian, Black, White, alc.	
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res		2 NO Specif		ĺ	Specify: White	
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n			Lesso and March			
MP	, 12		Mechanic	/Electr	ician	Maint	enance)	
8	17. FATHER'S NAME (First, Middle, Lest) Freeman Ballard					ME (First, Middle, Maiden ancis Mom			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a		Route Number, City or Tow		ode)	
9	Michael Ballard					Annapolis,			
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remove	val from State 20b. I	PLACE AND DATE OF C	DISPOSITION (Na	me of	DATE 20c. LO	CATION - City	y or Town, State	
	4 Donation 5 Other (Source)	N	laryland \	eteran	Cemeter	y 9/16/94	Crowns	sville, MD	
	P. (1)			1 4 7 F	Duko of	John M	. Taylo	or Funeral H napolis, MD	ome
-	22 PART i Enter the diseases or on	mS_	ALL STATE OF THE S						
		ist Dniy Dne cause Dn ea	ch line.	entar the mo	da Di dying, suc	h as cardiac or respi	ratory arrea	interval Baty	мееп
	iMMEDIATE CAUSE (Final disease or condition	SEPSIS						Onaet and D	
		DUE TO (OR AS A	CONSEQUENCE OF):					3 day	2
NO NO	orden war and an anti-	PNEMMO	CONSEQUENCE OF):					6 day	5
EAS	if any, leading to immediate cause. Enter UNDERLYING	STROKE	CONSECUENCE OF):					8day	
Ĕ	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	- 1 2		05		1	
CERTIFICATION	reaulting in death) LAST	CONGEST	INE H	EAR	1 FAIL	NKE		IYR.	
AL (PART II. Other significant conditions	contributing to death bu	t not resulting in t	tha underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO	
	MENINGITIS,	CORONAR	4 AKTEK	Y US	EASE,	1 YES 2		COMPLETION OF CAU OF DEATH?	
ME	COPD	15117776						1 YES 2 NO	- 1
IAN	DID TOBACCO USE CONTR		6. PLACE OF DEATH		UNCERTAIN	1			
PHYSICIAN: MEDIC		HOSPITAL:		THER:	e 5 🗆 Realdence	6 Other (Specify)			
¥.	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		26d. DESCRIBE HOW I	NJURY OCCUR	RED	\dashv
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO				
	3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specify	- At home, ferm, streety)	el, lactory, office	9	28f. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
	29a. CERTIFIER 1 X CERTIFYING PHYSICI	IAN: To the heat of my heavy	400 4		evene took	ta ana tara			_
COMPLETED		AN: To the best of my knowless On the besis of examination							ed.
BE C	296. SIGNATURE AND TITUE OF CERTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)	\dashv
TO B	Susan 1/ Scer	1an, MO			L9792		▶ 9/	14/94	
	30. NAME AND ADDRESS OF PERSON WHO SUSAN ZIEM				PUINS LIA	SP PAIR		40 3135	
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNAT	TURE	1N> 110	CIN HO	PSI RAUI	MOKE,	MD 21287	_
	SFP 1 6 1994	32 REGISTRAR'S SIGNAT	Rardall						1

P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE HOSPITAL DR ATTENDING PHYSICIAN SACRETICATION FOR CONTRACTION OF THE PHYSICIAN SACRETICATION OF THE PHYSICIAN SACRETI	to the control on a second as the first control of the second of the property and the principal of the purial final of the purial first cours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de DAI DISCTITIO After this certificate has been signed by the president of signed and completely filled to by the transfer.	to the concrete controller and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

(

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

John P. Bot									2. DATE OF DEATH			3. TIME OF	DEATH
	iche11	Le							MONTH 1		O'AL	090	DIA
	ER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State	or Foreign
218 - 03 -	2587	1 M 2 - F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) August 7 1	920	Mars	yland	
9e. FACILITY NAME (If not ins		street and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF D		-	INTY OF D		
Union Hospi	tal c	of Cecil	County		E	1ktc	n			ر ا	Cecil		
RESIDENCE OF DEC	EDENT	T GCCII	obality		-	INC	711			1	CCII		
10e. STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN	OR LOCA	TION					10d. INSIDE	
_Maryland		Cecil			Nor	th I	East					1 YES	
10e. STREET AND NUMBER						10	t. ZIP CODE		-	10g. CIT	IZEN OF W	VHAT COUNT	RY7
_49 Bouchell	e Roa	ıd					21	901		Uni	ted	States	3
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC	CENDENT O	F HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE	— American	Indien,
1 Never Merried 2 🔀 3 Widowed 4 Divo			MAR OR DATES				2 NO				Speci		ite
	DENT'S EDU	I I	WW II								<u> </u>		
(Specify only	highest grade	completed)	180	(Give kind of life, Do NOT u.	work done	during me	ON ost of workin	g	16b. KIND OF BUS	SINESS/INI	DUSTRY		
Elementary/Secondary (0-	12)	College (1-4 or 5							Doots				
17. FATHER'S NAME (First, Mi	della diameth			Owner/	oper	aloi			Restau				
									ME (First, Middle, Meiden	Surname)			
William Bou		.e							logers				
E 10.7-47		11.							Route Number, City or Tow			1	
Margie V. I		ile						, IVC	rth East,				
1 ☑ Burlal 2 ☐ Cremation	3 🗆 Rem	noval from State	cemetary	CE AND DATE	ther nlecal				1		City or To		
4 Donation 5 Other 21. SIGNATURE OF FUNERAL	. ,,	CENSEE	Nort.	h East			ND ADDRES		9/19/94 N	orth	Las	t, Mai	cyLai
Da	71	- 1							1 Home				
23. PART I. Enter the di	g].	crow	1/		12	7 Sc	outh	Mair	Street, N	lorth	Eas	t MD 2	2190
Sequentielly flat condition if any, leeding to immediate. Enter UNDERLY in the time that initiated events resulting in deeth) LAST	liete NG y	b. C DUE TO	(OR AS A CON	ISEQUENCE O	F):				rediva				
PART ii. Other eignifice	t condition	ns contributing to	deeth but ni	Dt reculting	in the u				Part i. 24e. WAS AN PERFOR	MED?	24b.	. WERE AUTOP AVAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO I OF CAUS
25. WAS CASE REFERRED TO	MEDICAL												
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	7	1	OTHE	R:			.07				
	MEDICAL	1 Inpatient 2			4 🗆 Nu	R: rsing Hon	ne 5 🗆 Re		6 ☐ Other (Specify)	HILLEY OC	CUBED		
EXAMINER? 1	ending		INJURY	28b. TIM	4 🗆 Nu	Pt: rsing Hon 28c. IN. WC	ne 5 Re	eldence	.07	NJURY OC	CURED		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 (1 Inpatient 2 2 28e. DATE OF (Month, D	FINJURY Day, Year)	28b. TIM	4 - Nur IE OF JURY M	R: rsing Hon 28c. IN. WC	JURY AT DRK?	eldence	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street &			Route Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 6	ending eveatigation	1 Inpatient 2 2 28e. DATE OF (Month, D	INJURY Pay, Year)	28b. TIM	4 - Nur IE OF JURY M	R: rsing Hon 28c. IN. WC	JURY AT DRK?	eldence	6 Other (Specify) 28d. DESCRIBE HOW II			Route Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 II 2 Accident 3 Suicide 6 6 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be etermined FYING PHYS	28e. DATE OF (Month, L) 28e. PLACE C building,	FINJURY Pay, Year) OF INJURY — A etc. (Specify)	28b. TIM IN. t home, farm,	4 Num NE OF JURY M atract, fac	RI: Isling Hon 28c. IN. WC 1 tory, office	ne 5 Re JURY AT DRK? YES 2 E	ND end due	6 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street &	and Numbe	or or Rural R		as stated
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 II 2 Accident 3 Suicide 6 6 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be etermined FYING PHYS CAL EXAMINI	1 ☐ Inpatient 2 ☐ 28e. DATE OF (Month, L 28e. PLACE C building, ICIAN: To the beet of e	FINJURY Pay, Year) OF INJURY — A etc. (Specify)	28b. TIM IN. t home, farm,	4 Num NE OF JURY M atract, fac	RI: Isling Hon 28c. IN. WC 1 tory, office	ne 5 Re JURY AT DRK? YES 2 E	ND ND end due	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the ceuse(e) and mer time, date end place, en	ind Numbe	or or Rural R		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 (4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	Pending Investigation Could not be etermined FYING PHYS CAL EXAMINI	1 ☐ Inpatient 2 ☐ 28e. DATE OF (Month, L 28e. PLACE C building, ICIAN: To the beet of e	FINJURY Pay, Year) OF INJURY — A etc. (Specify)	28b. TIM IN. t home, farm,	4 Num NE OF JURY M atract, fac	RI: Isling Hon 28c. IN. WC 1 tory, office	JURY AT DRK? YES 2 Ce	ND end due	6 Other (Specify) 28d. DESCRIBE HOW II 28d. LOCATION (Street a City or Rown, State) to the ceuse(e) and mer time, date end place, en	and Number	or or Rural R) end menner	Yeer)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 (4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC	Pending Investigation Could not be etermined FYING PHYS CAL EXAMINI	1 ☐ Inpetient 2 ☐ 28e. DATE OF (Month, L) 28e. PLACE Of building, ICIAN: To the beet of e	FINJURY Pey, Year) OF INJURY — A etc. (Specify) I my knowledge xamination end	29b. TIM IN.	4 Nucleof	RI: Isling Hon 28c. IN. WC 1 tory, office	JURY AT DRK? YES 2	ND end due	6 Other (Specify) 28d. DESCRIBE HOW II 28d. LOCATION (Street a City or Rown, State) to the ceuse(e) and mer time, date end place, en	and Number	or or Rural R) end menner	Yeer)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 I 2 Accident 3 Sulcide 6 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDIC 29. SIZMATURE AND TILE 30. NAME AND AUDRE ON	Pending Investigation Could not be etermined FYING PHYS AL EXAMINI OF CERTIFIE PERSON WI-	28e. DATE OF (Month, L) 28e. PLACE C building, ICIAN: To the beet of e	F INJURY Pey, Year) OF INJURY — A: etc. (Specify) my knowledge examination end	28b. TIM IN. t home, farm, o, death occurr of investigation	4 Number of Numb	R: sing Hon 28c. IN, WC 1 tory, office time, date	JURY AT JURY A	end due end at the NSE NUI	6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or fown, State) to the ceuse(e) and mer time, date end place, en	and Number	or or Rural R) end menner	Yeer)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 6 4 Homioide 29e. CERTIFIER (Check only one) 2 MEDIC	Pending Investigation Could not be etermined FYING PHYS CAL EXAMINI PERSON WITHE	28e. DATE OF (Month, L) 28e. PLACE C building, ICIAN: To the beet of e	FINJURY Pey, Year) OF INJURY — A: etc. (Specify) my knowledge examination end SE OF DEATH (t home, farm, o, death occurr or investigation of the state of the sta	4 Number of Numb	R: sing Hon 28c. IN, WC 1 tory, office time, date	JURY AT JURY A	end due end at the NSE NUI	6 Other (Specify) 28d. DESCRIBE HOW II 28d. LOCATION (Street a City or Rown, State) to the ceuse(e) and mer time, date end place, en	and Number	or or Rural R) end menner	Yeer)



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND M TE OF DEATH	ENTAL HYGIENE REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, LI Pete Bilsky	ist)			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 364-28-5077 90. FACILITY NAME (If not institution, gi	1 M 2 D F	69 YRS. MONTO	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11/10/24	6. BIF	ATHPLACE (State or Foreign untry) LChigan			
TOR	Perry Point \	7.A.M.C.	F	Perry Point		Cecil				
DIRECTOR	10e. STATE 10b. COU Maryland	Harford		n or Location erdeen			10d. INSIDE CITY LIMITS? 1X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 226 Carol Ave	enue		101, ZIP CODE 21001		10g. CITIZEN O	F WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II	2 NO	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:		or No — 14, R/ BI	ACE — American Indian, lack, White, etc.			
COMPLETED	15. DECEDENT'S (Specify only highest g.	EDUCATION	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Administr	ne during most of working d.)	INESS/INDUSTRY	1				
BE COMP	12 17. FATHER'S NAME (First, Middle, Lest) SIMON JACOD E		Adminisci	18. MOTHER'S NAME	E (First, Middle, Maiden S Ignate Pan	Surname)	Administration			
TO E	190. INFORMANT'S NAME (Type/Print) Mrs. Diana D.	Bilsky		ess (Street and Number or Rural Rourol Avenue, Ak						
ļ	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 F 4 Donation 5 Other (Specify)		PLACE AND DATE OF DISI netery, crematory or other pla arrord Memo	cel Crial Gardens	1					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LICENSEE	m	22. NAME AND ADDRESS OF FACIL Tarring-Cargo Aberdeen, Mar	Funeral	Home, F	P.A.			
	23. PART I. Entar the diseases, abock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	ne. List only one causa on e	ach lina.		as cardiac or reapir	ratory arrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant condi	tions contributing to death b	out not resulting in the	underlying cause given in Po	art i. 24a. WAS AN A PERFORE	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Checi	k only one)					
HYSIC	1 YES 2 TO NO 27. MANNER OF DEATH	HOSPITAL: 15 Superlient 2 ER/Outp	ostient 3 DOA 4 D	Nursing Home 5 - Residence 6	Other (Specify) 28d. DESCRIBE HOW IN	LIURY OCCURED				
B	XXNetural 5 Pending 2 Accident 5 Pending investigate 3 Suicide 8 Could not	ba 28s. PLACE OF INJURY building, etc. (Spec	MINJURY N	WORK? 1 YES 2 NO	281. LOCATION (Street as City or Town, State)		al Route Number,			
COMPLETED		HYSICIAN: To the best of my know		ne time, data and place, and due to	the cause(s) and men					
TO BE COI	2 MEDICAL EXAM 296. SIGNATURE AND ATTLE CENT	les m	UCCO	29c. LICENSE NUMB			ED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON ANCIPLO LIICO 31. DATE FILED (Month, Day, Year)	M D VAMC	PERRY P	OINT, MD. 21	902					
	SEP 1 9 19	32. REGISTRAR'S SIGN	or-Rardall			· ·	DHAH.16 Ray 1/80			

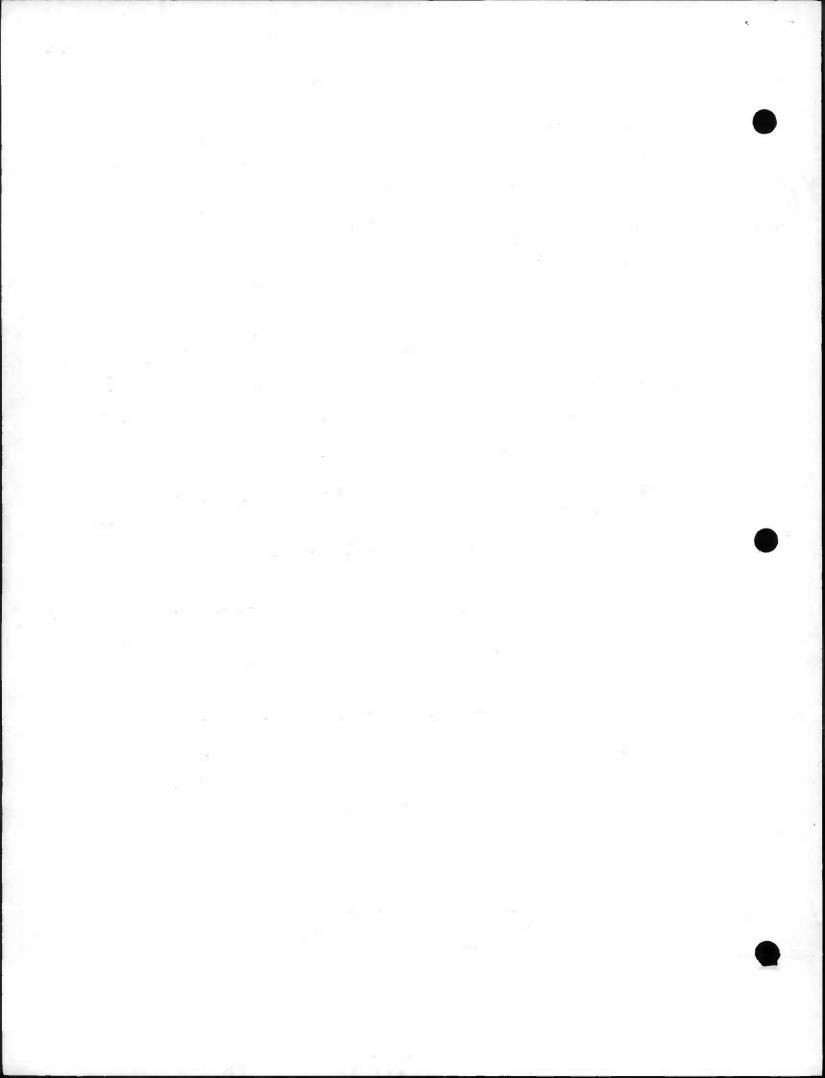
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

al or	for us	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	JCB.
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HT OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deot, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH	3. TIME OF DEATH				
Sybil Muriel Bignal 4. SOCIAL SECURITY NUMBER 5. SEX								
212-13-3963 1 D M 2 X F	70 YRS. MO	UNDER 1 YEAR SF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 4 1924	BIRTHPLACE (State or Foreign Country) England				
98. FACILITY NAME (If not institution, give street and number) 351 English Oak Court RESIDENCE OF DECEDENT 106. STATE 10b. COUNTY Maryland Charles	91	CITY, TOWN OR LOCATION OF D Waldorf		ARLES				
RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY	10c, CITY, T	OWN OR LOCATION		10d, INSIDE CITY				
		dorf		LIMITS?				
351 English Oak Court		107. ZIP CODE 20601.		England				
3 Widowed 4 Divorced IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 — YES 2 NO Spec		- 14. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	We Do MOT was a	done during most of working	16b. KIND OF BUSINESS/	INDUSTRY				
12 4	Sales Pe	erson	Mercanti	le				
17. FATHER'S NAME (First, Middle, Last)	l near the last	18. MOTHER'S N	AME (First, Middle, Maiden Surname	9)				
Thomas Bowen			Meakin Bowen					
19e. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, State,					
Thomas A. Rowen				Canada: V6E1V2				
1 Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF E cemetery, cremetory or other	plece)		— City or Town, State				
21. SIGNATURE FUNCTION SERVICE LICENSE	Lee Cremat	22. NAME AND ADDRESS OF F	9-15-94 Clin	ton, MD 20735				
Very H. Spermen	M00173	J.H. Eberwein		15 MD 20605				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	(OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF):	Broot (and one A	FEW YEAR				
			1 Part I. 24e. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3 DOA 4	☐ Nursing Home 5 Realdence						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	INJURY 26b. TIME O sy, Year) INJURY	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED				
a Deutalda — 280. PLACE U	F INJURY — At home, ferm, streatc. (Specify)	et, factory, office	281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,				
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of ex								
29b. SIGNATURE AND TITLE OF CERTIFIER	16-	29c. LICENSE NO	29d. C	PATE SIGNED (Month, Day, Year) 9/14/94				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	BE OF DEATH (ITEM 27) (Type, Pri	nt)		/ / · /				
NIRAN. P. SHAR 31. DATE FILEO (Month, Day, Year) 32. REGISTRA		PEHBROOKS	SQ COALL	10RF MD 20603				
SEP 1 9 1994 Julia d	Paulson Randall							

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED M	BARTRU				2. DATE OF DEATH DATE OF THE D	W YI	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 284-10-8738		n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 7, 1	6.	BIRTHPLACE (State or Foreign Country) Ohio	
OR	9a. FACILITY NAME (If not institution, give s St. Agnes Hospita RESIDENCE OF DECEDENT				imore		9c. COUNTY	of DEATH 1 timore	
DIRECTOR	10s. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN			City		10d. INSIDE CITY LIMITS?		
FUNERAL (100. STREET AND NUMBER 3730 McAlpine Ros	ad	1	101	21042			1 □ YES 2 ☒ NO OF WHAT COUNTRY? ted States	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	ENDENT OF HISPAN selfy Cuban, Maxica 22 NO Specifi	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.)		RACE — American Indian, Black, White, stc. Specify: White	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		10s. DECEDENT'S (Give kind of we life. Do NOT use Homema	rork done during mo. e retired.)	one during most of working ed.)				
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry Richey		-			ME (First, Middle, Maiden e Hudson	Sumerne)		
TO B	190. INFORMANT'S NAME (Type/Print) Frank O. Bartrug					Route Number City or Tow 11icott Ci			
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) ©	ntombment C	PLACE AND DATE OF PLACE AND DA	n Cemete	ery	9/5/94 Mar		ville, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	A. 4)1	to kas	Harry 4112 (Old Colum	e Funeral I mbia Pike I	Ellico	tt City 21043	
	IMMEDIATE CAUSE (Finel	List only one ceuse on ee	gh line.				ratory arrest	Approximate Interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury.) CAUSE (Disease or injury.)								
ERTIFI	CAUSE (Disease or injury that initiated evente resulting in death) LAST		CONSEQUENCE OF):				yr	
AL	PART II. Other significent condition	ns contributing to death bu	at not reculting in	n the underlying	g cause given in	Part i. 24a. WAS AN PERFOR 1 U YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		YES NO			1 TES 2 NO	
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Residenca	6 ☐ Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 W Netural 5 Pending 2 Accident Investigation	20m. DATE OF INJURY (Month, Day, Year)	28b. TIME	M 1 1	PK? /ES 2 NO	2ed. DEŞCRIBE HOW II	NJURY OCCUR	ED	
ED	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, tarm, street, factory, offica building, atc. (Specify) 26a. PLACE OF INJURY — At home, tarm, street, factory, offica City or Town, State)							Route Number,	
COMPLET	0.001	ER: On the basis of examination						suse(s) and manner as stated,	
H	296. SUMNATURE AND TITLE OF CENTIPRE	Qallago	20 410		29c. LICENSE NUI	MBER 7 8 6		IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	1TH (ITEM 27) (Type,	Print)	AUE,	BALTO		-	
	L. GALLAGER, MD 3455 WILLKEUS AVE, BALTO, MD: 21229 31. DATE FILED (Month, Day, Year) SEP 0 6 1994 Alla D'Austran's Signature SEP 0 6 1994 Alla D'Austran's Mandelle								



BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	DIDERTOD Advantage has been along along the other absorbing and correspond to be the character and the date of the character and the chara
	2	A. Gilla
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within	became and be the opposition of the contractor
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The law	DIDEFTIO, Ather this confidents has b

use as the burial-transit TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RIIF	ICATE (OF DEAT	ГН	R	EG. NO.				
1. DECEDENT'S NAME (First, Middle, Li	est)						DATE OF E	DEATH		3. T	IME OF DE	ATH
Mary Frances	Battista						MONTH C)	DAY 11		AR 2	:10	P
4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last	t birthday)	IF UNDER 1 YE	AR IF UNDER		DATE OF B	IRTH	8. E	BIRTHPLAC		-
578-07-5968	1 □ M 2 및 F	76	YRS.	MONTHS DA	YS HOURS	Mm. 4	(Month, De) -10-	r, Year)	0	·Va		
9e. FACILITY NAME (If not institution, g				9b. CITY, TO	WN OR LOCATION	ON OF DEATH		9	c. COUNTY	OF DEATH		
Atlantic Genera				Ber	lin				Worcester			
10a. STATE 10b. COL			10c, CIT	Y, TOWN OR L	OCATION	-				10d.	INSIDE CI	TY
Fla. Sar	asota		Sai	rasota						1 X	LIMITS? YES 2	NO
10e. STREET AND NUMBER			Dai	Laboua	10f. ZIP CODI				0g. CITIZEN			
2098 Glenwood I		eren I			3423	1				S.A.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2-PN	MED	If ye	DECENDENT Of the second of the	n, Mexican, Pr				RACE — A Black, Whi Specify: T		
											TILL OC	
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DE0	CEDENT'S	work done during	PATION g most of workin	ng	16b. KIN	D OF BUSINE	ESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)					-	7		Dod	0		
unknown		E	xecu	tive			Ame	rican	Red	CLOSS	5	
17. FATHER'S NAME (First, Middle, Last)						HER'S NAME (
Paul B. Cunning	ham				Be	rnice	L. S	teven	S			
19a. INFORMANT'S NAME (Type/Print)		19b	, MAILING	ADDRESS (St	reet end Number	or Rural Route	Number, C	ity or Town, S	itate, Zip Cod	ie)		
Dante D. Battis	ta				ood Dri							
200. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITIO				20c. LOCAT			tate	
1X Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	cemetery, crer	natory or o			1						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	ETHWC	ou c		E AND ADDRE	SS OF FACILITY	<u>9-131</u>	Sheph	erost	OWIL	W.V	<u>a.</u>
0 1	0		4		vin T.			o.				
Douglas	R. sh	surl.	en		arles T				4			
shock, or heert failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. henoco	h 2 G JC OR AS A CONSEC	Cer DUENCE O	ebol	mode of dyl	ing, euch as	cardiac				Approxi interval Onset a	Batwe nd De
shock, or heer failu immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Henory DUE TO (0	h 2 G JC OR AS A CONSEC	CUR DUENCE O	Chul	mode of dyl	ing, euch as	cardiac				interval Onset a	Batwe
shock, or heer failured immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)	a. hemore ause Due to (o Due to (o Due to (o d.	H 2 G/L OR AS A CONSECUTION AS A CONSEC	DUENCE O	Chal	woode of dyl	lor (s cardiac	le A			Interval Onset a	Batweend Dea
shock, or heer failu immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. hemore ause Due to (o Due to (o Due to (o d.	H 2 G/L OR AS A CONSECUTION AS A CONSEC	DUENCE O	Chal	woode of dyl	lor (cardiac cardiac	Le	TOPSY D?	24b. WER	Interval Onset a 18 20 E AUTOPSYLABLE PRIC PLETION 0	Batweend Dea
shock, or heer failured immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)	a. hemore ause Due to (o Due to (o Due to (o d.	H 2 G/L OR AS A CONSECUTION AS A CONSEC	DUENCE O	Chal	woode of dyl	lor (cardiac cardiac	le I	TOPSY D?	24b. WER AMARIA COM	interval Onset a	FINDING TO F CAUSE
shock, or heer failured immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)	a. hemore ause Due to (o Due to (o Due to (o d.	H 2 G/L OR AS A CONSECUTION AS A CONSEC	DUENCE O	Chal	woode of dyl	lor (cardiac cardiac	Le	TOPSY D?	24b. WER AMARIA COM	Interval Onset a 18 20 E AUTOPSYLABLE PRIC PLETION 0	FINDING TO F CAUSE
shock, or heer failu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condi	a. hemore as a hemore to to the policy of th	H 2 G/L OR AS A CONSECUTION AS A CONSEC	DUENCE O	Charles	wooled of dyl	lon (clus ti. 24a	Le	TOPSY D?	24b. WER AMARIA COM	interval Onset a	FINDING TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause	a. hemore ause Due TO (O d. Due TO (O d. Hospital:	PR AS A CONSECUTION AS	DUENCE O	COTHER:	woode of dyl	given in Par	t f. 24a	WAS AN AUTOPERFORME YES MIX	TOPSY D?	24b. WER AMARIA COM	interval Onset a	FINDING TO F CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions or injury that initiated events resulting in death) LAST	a. hence and the policy of the	e on eech line. h 2 G/L OR AS A CONSECT OR AS A CONSEC	DUENCE O	OTHER:	iying cause §	given in Par	t f. 24a	WAS AN AUTOPERFORME YES XX	TOPSY D? CNO	24b. WER AMAR COMM OF D	interval Onset a	FINDING TO F CAUSE
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5	r remo	nedica	
Domi	lon, o	he n	
picieig	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	ent, 1	
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND													
	1. DECEDENT'S NAME (First,		CERTIFICATE OF DEATH Who, Last) Emory Eliah Bledsoe 13 LEDS 05							REG. NO. ATE OF DEATH ONTH, DAY YEAR, OF OF OPEN OF OPEN OF OPEN OPEN OPEN OPEN OPEN OPEN OPEN OPEN			3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 230-48-8479	ER	5. SEX 1 \(\overline{\text{M}} \) M 2 \(\overline{\text{F}} \)	A STEEL TENT OF STEEL A STEEL A STEEL					7. DATE OF (Month, D. Feb.	BIRTH	1904	a. BIRTH Counti Tet	IPLACE (State or Foreign ny)				
OR	3528A Bitt1	Y NAME (If not institution, give street and number) A Bittle Road					y, town o						nty of o	EATH			
DIRECTOR							OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 3528A Bittl	e Road	d				101	. ZIP COD	1773			10g. CIT	U S	WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 8 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	13		ectfy Cuba	n, Mexica	IIC ORIGIN? (S n, Puerto Rice		or No-	14. RACE Black Speci	E — American Indian, k, White, atc. White			
COMPLETED	(Specify only Elementary/Secondary (0-		CATION completed) College (1-4 or 5	+) (G	ECEDENT'S Sive kind of a. Do NOT u	USUAL (work done se retired.)	OCCUPATIO during mo	ON st of working	ng		Own Farm						
BE CO	17. FATHER'S NAME (First, Middle, Last) Emory Bledsoe 18. MOTHER'S NAME (First, Middle, Malden Surname) Unknown																
10	190. INFORMANT'S NAME (Type/Print) Colby Bledsoe 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3528B Bittle Rd., Myersville, Maryland 21773																
	20a_METHOD OF DISPOSITION 1																
	21. SIGNATURE OF TUNEFAL	SERVICE LICE	Fick	itu			. NAME AN							x 136 1e, MD 2177			
	23. PART I. Enter the dishock, or the IMMEDIATE CAUSE (Fina disease or condition resulting in death)	ert fallure. L ii	ARTER	ise on each line	•. =R07	-10								Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):																
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPRIED? 24b. WERE AUTOPSY FINDING PROPRIED?									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
SICIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	EB/Ourtnetlant	. □ pos	OTHE	R:			eck only one)							
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)			INJURY	28b. TIM	_	26c. INJ	URY AT		8 Other (Sp 28d. DESCRI		NJURY OC	CUREO				
	3 Suicide 6 C	ould not be etermined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, term,	streat, fac	ctory, office			28t. LOCATIO City or To	ON (Street a own, State)	and Number	or Rural F	Route Number,			
COMPLETED			CIAN: To the best of) end manner es stated.			
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and man 29b STBNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D. D. O. O. D. D. D. D. D. D. D. D. D. D. D. D. D.						(Month, Day, Year)											

				1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Check only one)		
EXAMINER? 1 SYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	REO	

FREDERICK

30. NAME AND ADDRESS OF PERSON WHO COMPLETED RRRRRRS CAUSE OF OEATH (ITEM 27) (Type, Print)

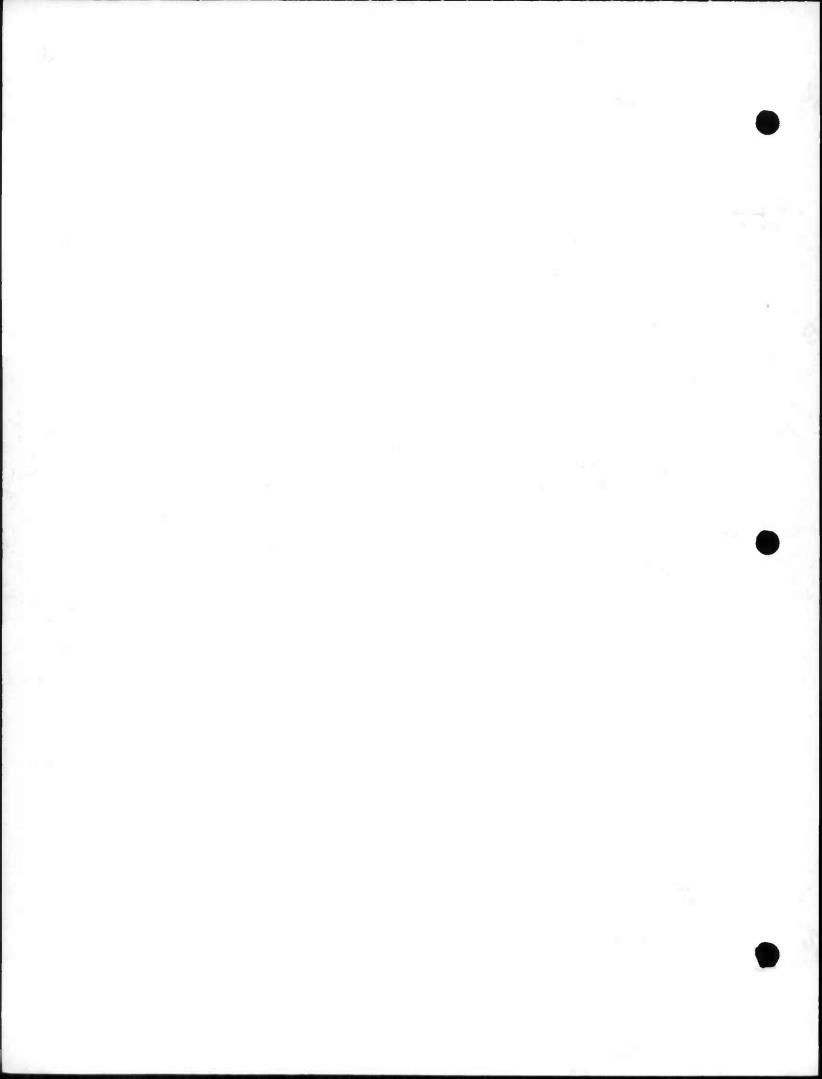
31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE SEP 1 4 1994 i Sonden Kudali

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			MENTAL HYGIE					
	1. DECEDENT'S MANNE (FIRST, MICHINE, LAST)	Geode Bru	chen			2. DATE OF DEATH	DAY Y	3. T	1815	М	
200	214-09-2575	1 ⊠ M 2 □ F 8.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 14,1	100	BIRTHPLAC Country) iaryla	E (State or Foreig	n	
TOR		CHITY NAME (If not institution, give street and number) shington County Hospital Hagersto						of DEATH	on		
DIRECTOR	10s. STATE 10b. COUNTY	shington	unksto			10d. INSIDE CITY LIMITS? 1- YES 2 □ NO			,		
FUNERAL	10e. STREET AND NUMBER 19 East Green St	reet		10f.	21734		10g. CITIZER	S.A.	COUNTRY?		
BY	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES National Guar	□ NO	If yes, spe		IIC ORIGIN? (Specify) n, Puerto Ricen, etc.)	fea or No— 14	Specify:	merican Indian, Ita, atc. White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 0-12	FION 18a 18a 18c 18a	Give kind of work (Give kind of work ille. Do NOT use re	done during mos tired.)	N t of working	16b. KIND OF B	USINESS/INDUS	TRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) David Le	e Bruchey			18. MOTHER'S NA	ME (First, Middle, Meide Elizabet					
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Robert E. Bruc	hey				Route Number, City or R Hagerstow			21742	,	
	20a. METHOD OF DISPOSITION 1	remetery Res	ce and date of d c, crematory or other t Haven	Cemete	ry	9-19-94 Gility Minnio	-	lown,	Maryla	nd	
	* Kohert Als	Vaines		415 Ea	st Wilso	on Blvd.,	Hagers	town,		40	
CERTIFICATION	23. PART L Enter tha diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO OTH AS A CONDUCTOR OF TO OTH AS A CONDUCTOR OF TO OTH AS A CONDUCTOR OF TO OTH AS A CONDUCTOR OTH AS	nnn NSEOUENCE OF): Lul NSEOUENCE OF):					Jen	Approximate interval Between Conset and D. Mull Mull	aath	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of					PERF	AN AUTOPSY ORMED? 2 NO	COM OF D	E AUTOPSY FINDII LABLE PRIOR TO PLETION OF CAUS DEATH? YES 2 NO		
SICIAN		ONTRIBUTE TO C	_ 0	26. PL	ACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	28d. DESCRIBE HOV	V INJURY OCCUP	RED	-		
	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree	t, tactory, office		281. LOCATION (Stree City or Town, Sta	et and Number or . te)	Rural Route i	Vumber,		
COMPLETED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge On the basis of examination and					and dua to the c			rdl.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	B. Sem	- 1		29c. LICENSE NUM	4800	29d. DATE S	IGNED (Mon	in. Day Year		
-	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH WCK ST	Hay	"erst	our	und a	174	D			
	SEP 1 9 1994	32. REGISTRAR'S SIGNATUR									



FOR

ours after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-trinish BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

hours after death. Page 6 may be retained by the hosp	y filled in by the funeral director, page 5 should be detache	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached not have a filed within 72 hours after death with the State Dear of Heath, and Mental Housene not to have remarked or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN	IMPORTAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OIAIL OF I		ICATE OF		REG. NO.	C						
- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN												
	CLARENCE I	RVING		BENSO	N			94 6:08 PM					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		. BIRTHPLACE (State or Foreign					
	217-16-7402	1 X M 2 D F	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sep 28,	1911	Maryland					
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN (OR LOCATION OF DI			Y OF DEATH					
A C	STNAT HOSPITAL			DATTI	ORE CIT	PV							
DIRECTOR	SINAI HOSPITAL												
끮	Maray I and Da	v altimore		y, town or locat				10d. INSIDE CITY LIMITS?					
		TICIMOTE						1 TYES 2X NO					
FUNERAL	100. STREET AND NUMBER 2823 Benson Mil	l Road		101	211	52	10g. CITIZE	USA					
E	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian, Black, Whita, atc.					
Β¥	3 Widowed 4 Divorced	IF YES, GIVE W			2 NO Specif		i	Specify: White					
	15. DECEOENT'S EDU	CATION		USUAL OCCUPATION	ON .	16b. KIND OF BUS	NESS/INDIA						
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	work done during mo		lob. Kind or bo.	SINESS/INDO	oint					
PL	7	Conege (1-4 or 5 4		eer Bra	nch	Lang	felte	r					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden							
C	Irving Miller	Benson				ailey	,						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street II	and Number or Rural	Route Number, City or Tow	n, State, Zip C	ode)					
5	Mary T. Bless	ing	2823	Benson	Mill R	d, Spark	s, MD	21152					
	20s. METNOO OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	ound from Ctate	20b. PLACE AND DATE	OF DISPOSITION (No	me of	DATE 20c. LO	CATION - CI	ly or Town, Stata					
	4 Donation 5 Dother (Specify)		_ cemetery crematory or c	Valley	Mem Gd	9/16 Ti	moniu	ım, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Coline 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home												
	▶ Literal W. Eleme 934 S Main St, Hampstead, MD 21074												
	23. PART I. Enter the diseeses, or	complications tha	t caused the desth. Do	not enter the mo	de of dying, euc	h as cardisc or reepi	retory erres	st, Approximate					
	shock, or heart fellure. iMMEDIATE CAUSE (Final	List only one ceu	use on each line.					interval Between Onset and Death					
	disesse or condition resulting in desth)	CHE	ST INTUR	IES									
	resulting in destri)	OUE TO	(OR AS A CONSEQUENCE O	F):									
z	condournell reduce 1	b						ļ					
일	Sequentisity list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEQUENCE O	F):									
S	CAUSE (Disease or injury												
불	thet initisted events	DUE TO	(OR AS A CONSEQUENCE O	F):									
CERTIFICATION	resulting in desth) LAST												
	PART ii. Other aignificent condition	ne contributing to	deeth but not resulting	in the underlying	g cause given in	Pert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS					
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
밀						— W. 5	_ 140	OF DEATN? 1 NES 2 □ NO					
. Y	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEATH YE	S [] NO [UNCERTAI	<u> </u>		X					
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA					1					
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	e 5 Residence	8 Other (Specify)							
ž	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b. TIM	E OF 28c. INJ	URY AT	28d. OESCRIBE NOW II	NJURY OCCU	RED COLUSION					
ВУР	1 Netural 5 Pending 2 Accident Investigation	9-13	4 162	- (M	PRK?	DRIVER ALM	VS F	TXED OBJET					
	3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At home, term,	- / -	•	28t. LOCATION (Street a	and Number or	Rural Route Number, A A D					
\cap	4 Nomicide detarminad	bulloing,	etc. (Specify)	37		223 RPN	SOLLVIN	UE RD CACKESCUIL					
밀	And CENTIFIED												
ш	29a. CERTIFIER 1 CERTIFYING PNYSI	(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(a) and manner as stated.											
ш	(Check only		minetion and/or investigation	in, in my opinion. d	Orie) 2 MEDICAL EXAMINER: On the basis and manner as stated.								
COMPLETE	(Check only one) 2 MEOICAL EXAMINE	R: On the back of the	minetion and/or investigation	on, in my opinion, d									
ш	(Check only	R: On the back of the	minetion and/or investigation	on, in my opinion, d	29c. LICENSE NUI	ABER	29d. OATE S	SIGNEO (Month, Day, Year)					
BE COMPLETE	(Check only one) 2 TM MEDICAL EXAMINE 296 SIGNATURE AND TITLE OF CERTIFIED	ER: On the back was	In I			ABER	29d. OATE S						
COMPLETE	(Check only one) 2 TM MEDICAL EXAMINE 296 SIGNATURE AND TITLE OF CERTIFIED	ER: On the back was	OF DEATH (ITEM 27) (Type	, Print)	O.C.M.	E.	29d. OATE S	EPT 14,1994					
BE COMPLETE	(Check only one) 2 TM MEDICAL EXAMINE 296 SIGNATURE AND TITLE OF CERTIFIED	O COMPLETEO CAUS	OF DEATH (ITEM 27) (Type	, Print)	O.C.M.	E.	29d. OATE S	SIGNEO (Month, Day, Year)					

Carrier Committee of the Committee of th

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

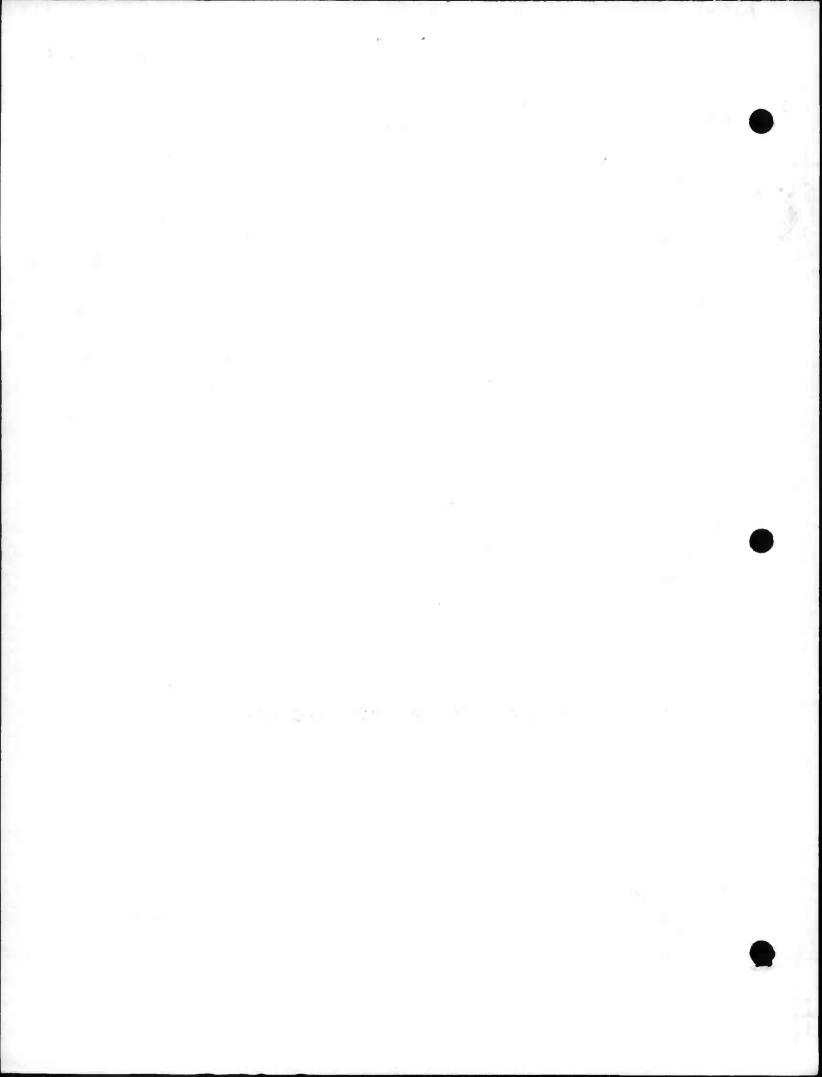
_	REGISTRAR			ERITE	CALE	UF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La	•						2. DATE OF	2. DATE OF DEATH MONTH DAY YE			3. TIME OF DEATH	
	Howard	Malcol		Bulle	ock			09	16	19	94	4:15 A M	
				ast birthday)	IF UNDER 1 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF (Month, L			8. BIRTH Countr	IPLACE (State or Foreign	
	557-07-6645	81	YRS.	- Contino	MIS	HOUNS MIN.		08-11-1913			" MD		
_	9a. FACILITY NAME (If not institution, gi				9b. CITY, T	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						EATH	
DIRECTOR	Calvert Mand		Home			F	Rising St	ın			Ceci	l	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				/ TOUR! OR								
<u>E</u>	MD Harford				, TOWN OR		vre de (7				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					-		race			1 🖾 YES 2 🗌 NO		
A	600 Market Street				101. ZIP CODE 21078					10g, CITIZEN OF WHAT COUNTRY? USA			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.LAR												
3	1 Never Married 2 A Married	FORCES? 1	YES 2 X	NO	If yes, specify Cuban, Maxican, Puarto Rican, at					Yas or No— 14. RACE — American Indien, Black, White, atc.			
À	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 YES 2 XNO Specify:						Specify: White			
	15. DECEDENT'S I		16a. D	ECEDENT'S	USUAL OCC	UPATIO	ON .	16b. K	IND OF BUS	INESS/INI	DUSTRY		
	(Specify only highest gi	College (1-4 or 5+)	- (Give kind of wife. Do NOT us	rork done dur e retired.)	ing mos	st of working						
릴	11	35,103,017		C113	stodia	ın		МТ) Nat	iona	1 G11	hre	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First,				_			1 00	uru	
	Archer Wi	nfield Bull	ock				Anna	Marga	aret F	Kelly			
BE	19a. INFORMANT'S NAME (Type/Print)	9b. MAILING	ADDRESS (S	Street ar	nd Number or Rural i			<u> </u>					
임	Mrs. Susan E.	Ayala		2460	Mont	real	l St., A	tlanti	c Bea	ch.	FL	32233	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 R	amount tenan State	20b. PLACE	EANDDATEC	F DISPOSITI	ON (Na	me of	DATE	20c. LO		City or To	wn, State	
- 1	4 Donation 5 Other (Specify)		Harf	ord N	lemor	ial	Gardens	9/20	Ab	erde	en,	MD	
	21. SIGNATURE OF FUNERAL SERVICE		22. NAME AND ADDRESS OF FACILITY										
							chell-Smith Funeral Home, P.A. Tre de Grace, MD 21078-3197						
	23. PART i. Enter the diseeses,	or complications that co	oused the d	leeth. Do n	ot enter th	e mod	de of dving, suc	h as cerdie	c or resolu	ZIU/	reat.	Approximate	
	shock, or heert fellu	shock, or heert fellure. List only one ceuse on each line.											
	disease or condition									Onset and Death			
	resulting in deeth)	DUE TO (OF	AS A CONSE	EQUENCE OF	*	u	Tall	ue.		1 ours			
z		- Cas	D				V					10415	
은	Sequentielly list conditions, if any, leeding to immediate												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	·	uhll	6								LONAS	
	that initiated events	DUE TO (OR	AS A CONSE	EOUENCE OF):							1	
E	resulting in deeth) LAST	_ d											
	PART ii. Other significent condi	ions contributing to de	eth but not	resulting i	n the unde	rivina	ceuse given in	Part I. 2	4s. WAS AN	ALITOPSY	24h	. WERE AUTOPSY FINDINGS	
EDICAL					ing in the amonyting course given in rait i.				PERFORMED?		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								— ¹	YES 2	NO		OF DEATH?	
≥	DID TOBACCO USE	CONTRIBUTE T	O CALL	SE OF	DEATH	VE	S AN NO					1 YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL		O CAU	JL OI			-	ack only one)					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH													
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIMI	E OF 2	Bc. INJU	URY AT		SPECITY)	JURY OC	CURED		
	1 Natural 5 Pending	(Month, Day,	tear)	INJ	URY M	1 Y	RK? 'ES 2 NO						
BY	2 Accident Investigate 3 Suicide e Could not	20a. PLACE OF IN	JURY — At h	ome, larm, a	treet, factory	, office		28f. LOCATI	ON (Street a	nd Number	r or Rural I	Route Number,	
핃	4 Homtcide detarmined		(эреспу)					City or	Town, State)				
֡֟֟֟֟֟ ֡	29e CERTIFIER												
298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. (Check only one) 2													
\$	(Check only											a) and manner as stated.	
COMPLETED	(Check only one) 2 MEDICAL EXAM	INER: On the beals of exem					eath occured at the	1ime, data an		d dun to ti	ha cause(s		
BE	(Check only	INER: On the beals of exem						1ime, data an		d dun to ti	ha cause(s	a) and manner as stated. (Month, Day, Year)	
ш	(Check only one) 2 MEDICAL EXAM	INER: On the beals of exem	A h	r Investigation	n, in my opir		eath occured at the	1ime, data an		d dun to ti	ha cause(s		
BE	(Check only 1 GERTIFYING PLONE) 2 MEDICAL EXAM	HER: On the besis of exam	A h	r Investigation	n, in my opir		eath occured at the	Ilme, data an	nd placa, and	29d. DAT	E SIGNED		
BE	(Check only 1 CERTIFYING PLONE) 2 MEDICAL EXAM 290. SIGNATURE AND TITLE OF CERTIF 30. NAME AND ADDRESS OF PERSON 31. DATE FILED (MOUNT, Dag. Reav)	WHO DOMPLETED CAUSE	DEATH UTI	r investigation	n, in my opir		eath occured at the	Ilme, data an		29d. DAT	E SIGNED		
BE	(Check only 1 GERTIFYING PROPERTY ONE) 2 MEDICAL EXAM 296. SIGNATURE AND TITLE OF CERTIFIED AND TITLE OF CERTIFIED AND TITLE OF CERTIFIED AND TITLE OF CERTIFIED AND THE FILED AND THE PROPERTY OF THE PROPERT	WHO DOMPLETED CAUSE	peath (itt	r investigation	n, in my opir		eath occured at the	Ilme, data an	nd placa, and	29d. DAT	E SIGNED		

TO THE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:

TO THE FLAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CONTINUENT OF HEALTH AND MENTAL HTGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE MONT							ATE OF DEATH			3. TIME OF DEATH	
	EDWARD LEE CAMPBELL							9 - 12 - 1994			1:25 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Dgy, Year)	1	B. BIRTHE	PLACE (State or Foreign	
	226-38-4473	1 🕅 M 2 🗆 F	61	YRS.	- DATS	noons win.	1/1	/1933	5		ginia	
~	9e. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	R LOCATION OF DE			9c. COUNT	TY OF DE	ATH	
ō	Stella Mari	s Hospi	ee			Towsor	1		Bal	tin	ore	
E C	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY	
	Maryland	Harford				Fallst	ton				LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?		
띨	2628 Friendship Road					210	047			U.	S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. ARA	NED O	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN	17 (Specify Yee	e or No— 14. RACE — American Indian, Black, White, etc.			
В	3 Wildowed 4 Divorced	IF YES, GIVE W	rea	1 TES 2 NO Specify:					Specify:			
	15. DECEDENT'S EDU	CATION		EDENT'S	USUAL OCCUPATION	in in in in in in in in in in in in in i	166	. KIND OF BUS	INESS/INOU		easian	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	(Giv	e kind of	work done during mo se retired.)	st of working	1,000	. KIND OF BUS		Sini		
립	8			3100	k Maso	n		Co	nstr	net	ion	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, I		7-7-7	400	1011	
BE	James Mon	nroe	Campbel	.1		Tres	ssie	Mae	Ва	rke	r	
5	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural F	Route Numb	ber, City or Town	, State, Zip (Code)		
-	Margaret Campl		5	295	Louis	Lane	-	ddleb				
	20e. METHOD OF DISPOSITION 1 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Bel Air Mem. Gardens 9/14 Bel Air Maryland											
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- ReT W	1r		ardens ID ADDRESS OF FA		4 Be]	All	C. IV	laryland	
	m 200	1.1 6	V-12	-	Ku	rtz Fui	nera	al Hon	ne			
	111. Deace	clem /	Tura-	11	Ja	rretts	vill	e, Ma	aryla	and		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdled a shock, or heart failure. List only one cause on smoothing.								flec or reepir	ratory arre	et,	Approximate intervsi Between	
	iMMEDIATE CAUSE (Finel disease or condition) AP VA) V CAA VC P									Onset and Death		
	resulting in death)	IN X C	MO	CER	\	V manufacture of the second				dys		
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):											
<u></u>	rs sny, teading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury											
	thet initieted events resulting in deeth) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):							
띮	Todating in death) Exo.	d					_					
	PART ii. Other eignificent condition	e contributing to	deeth but not re	eulting	In the underlyin	g ceuse given in	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS	
DICAL									ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME											OF DEATH? 1 YES 2 NO	
	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEATH Y	ES X NO						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PI	ACE OF DEATH (Che	eck only on	ne)				
YSI	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA		e 5 🗆 Residence	8 X Othe	r (Specify)	HOS:	PICE		
ᇤ	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIM	IURY WO	RK?	28d. DES	CRIBE HOW IN	IJURY OCCL	JRED		
B	2 Accident Investigation	YES 2 NO										
	3 Suicide 8 Could not be 4 Homicide determined										sute Number,	
COMPLET	290. CERTIFIER	CIAN. To the best of		1 5 7 5		W. 190						
₹	(Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of R: On the beels of e									and manner as stated	
	29h, SIMMATURE AND TITLE OF CERTIFIE				,, opinion, u			The prece, enc			A 2-20140-2-2-1	
BE	Kendall P	Par. OV	101.01	\wedge		29c. LICENSE NUN	42		≥9d. DATE	SIGNEO	Month, Day, Year) IG (L	
임	30. NAME AND AGORESS OF PERSON WH			27) (Type	, Print)	0000	7 7	200 11	· V/	204	/-17	
	DR. KENDALL R. FA			DUL	ANEY VAL	LEY RD.,	WOT	SON, M	ע 21	204		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	u	<u>.</u>							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin ours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SFP 1 6 1994

1 1/1:

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		C	EKIIFI	CATE	F DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			/ CIOCITEI /				DATE OF DEATH DAY YEAR 3. TIME OF DEATH					
	GAYLE				rock	LTI	Septem		14 K	194	1045 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia:		IF UNDER 1 YEAR		7. DATE OF E (Month, De	HRTH y, Year)		Counti			
							May 2,	193	Maryland				
œ	9a. FACILITY NAME (If not institution, give s					N OR LOCATION OF O	EATH		9c. COUN				
DIRECTOR	PENINSULA REGION	MAL MEDIC	AL CENT	ER	S	ALISBURY			W	ICON	IICO		
E	10a. STATE 10b. COUNTY	,	·	10c. CITY	, TOWH OR LO	CATION					10d. INSIDE CITY		
E	Maryland Som	erset			Crisfield				LIMITS? 1 ☐ YES 2 🔀 NO				
A	10e. STREET AND NUMBER		T	101. ZIP CODE			10g. CITI	. CITIZEN OF WHAT COUNTRY?					
FUNERAL	3270 Boone Road					21817					U.S.A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR 1 Never Married 2 N Married FORCES? 1 YES 2 N				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-						E — American Indian,		
ВУ	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	NO		specify Cuben, Mexic ES 2 NO Speci		1, etc.)		Speci	k, White, etc.		
					1						" White		
E	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ECEDENT'S	USUAL OCCUP	NTION most of working	16b. KIN	D OF BUS	INESS/IND	USTRY			
1 2	H. S. Graduate	College (1-4 or 5)	ousew			770	ma ==			i		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		П	ousew	116	18. MOTHER'S NA		me	Cumama)				
	Harold L. Loreman	Jr.					ly Forb	.,	ourrenre)		- 1		
BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or Rural	-		State Zin	Corde)			
2	William R. Crocket	tt (Husba				Rd Cris		-	2181				
	200, METHOD OF DISPOSITION				_		DATE		ATION —		wn, State		
20e. METHOD OF DISPOSITION 1 No Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Sunnyridge Memorial Park-9/17/94 Cr													
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	1	1	22. NAME	AND ADDRESS OF FA	CILITY			275	110		
	Robert H. Bra	lack	aw y	۲.		dshaw & So							
\neg	23. PART I. Enter the diseases, pr			eath. Do n	Dt anter the	W. Main S	st Cr	1Sf16	eld,	MD	2.1817		
- 1	ahock, Dr heert fellure.	List only one cau	ise on each line	Ð.							Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition		Card	Larre	hirator	1 anse	/				Onset and Death		
- 1	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE OF):	9.00							
z	la mena como con conserva de la cons			Ac	ecti .	Myocard	eal h	yare,	hour				
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avents DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF): (1 ()							
H	totaling in documents	d											
	PART II. Other significant condition	s contributing to	deeth but not			Ing ceuse given In	Part I. 24s	. WAS AN		24b	. WERE AUTOPSY FINDINGS		
2	Diabets Chronel Valle Eastonia PERFORMED? AM							AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	056	ly. he	Spochole	Aven	rio G	all Stones	. ''				DF DEATH? 1 YES 2 NO		
2			1										
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28	PLACE OF DEATH (C)	neck only one)						
VSI(1 VES 2 DE NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER: 4 Nursing I	ome 5 - Residence	a Other (Sp	ecify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIME INJ		INJURY AT WORK?	28d. DESCRI	BE HOW IN	JURY OCC	CURED			
B	1 Natural 5 Pending 2 Accident Investigation			<u> </u>		YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE C building,	F INJURY — At he etc. (Specify)	ome, ferm, a	treet, fectory, c	ffice	281. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural I	Route Number,		
AP						ate end place, end du							
COMPLETED	2 MEDICAL EXAMINE	R: On the besie of e	xemination end/or	Investigation	n, in my opinio	n, death occured at the	time, date end	place, end	due to th	e ceuse(e	e) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CHITIFIE	1/2	1			29c. LICENSE NU	MBER		29d. DATE	E SIGNED	(Month, Day, Year)		
10 8	112	11-19	reval			DIT	181		•	9/14	194		
-	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITE			C .	CI	_		0	4 141		
	Bal Ugarwa			6	14C	Caster	Sho	re B	V.	Sa	les Dury, Md.		
	31. DATE FILED (Month, Del Year)		R'S SIGNATURE								-3,		
	SEP16 1994 Juli Studior Randall												

with medically the place

4	
at once.	
iner must be notified	
nt, the medical exam	
other traumatic evel	
y injury, or	

M

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

David E. Cowall,

M.D. - 145 E. Ca.

												9	L	283	98
	1 - FOR STATE REGISTRAR		STATE OF	MARYLAND C	DEPAI	RTMEI	NT OF H	IEALTH DE A	AND	MENTA	L HYGIEI				
	1. OECEDENT'S NAME (First	,						DEA			OF DEATH		_	3. TIME OF D	DEATH
		BERNI	CE A	E A. CROSWELL			Sept. 9, 1994			12:45	A. 1				
	4. SOCIAL SECURITY NUM 216-20-5635	5	5. SEX	6. AGE (In yrs. Ia	IF UND MONTHS	DER 1 YEAR	IF UNDE	MIN.	7. DATE (Mont) Jan	of BIRTH 1, Day, Year) 26,	1926	8. BIRTI	HPLACE (Stote of	or Foreign	
~	90. FACILITY NAME (# not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF									
DIRECTOR	Home - 5098		stack Roa	ld		Marion Station, MD Somer					omer	set			
EC	10a. STATE	10b. COUNTY	1		10c, CI1	TY, TOWN	OR LOCAT	ION						10d. INSIDE	CITY
	Maryland	Maryland Somerset					rion	Stat	ion					LIMITS?	
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTR	
Ä	5098 Cornstack Road								2183	88			U.S	.A.	
BY FUI	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 □ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				10	If yes, spe	ENDENT Cobe	m, Mexica	n, Puerto I	? (Specify Yellican, atc.)	e or No	14. RACI Blac Spec	E — American k, Whita, etc.		
	15. DEC	EDENT'S EDU	CATION	16e D	CEDENT'S	HISHA	OCCUPATIO	M		1 401				""White	
COMPLETED	(Specify online Elementary/Secondary (Control of the Control of th	y highest grade 1-12)	College (1-4 or 5	(0	ive kind of Do NOT u	work don	a during ma	st of working	ng	160.	KIND OF BU	JSINESS/INI	DUSTRY		
MPL	Grade 10	_	9-01 122		shier						Resta	uran	t.		
00	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, A	fiddle, Maider				
BE	Clayton S.										Cankfo				
2		,,	Unchand \								er, City or Tox			01000	
	George Croswell (Husband) 5098 Cornstack Rd Marion Station, MD 21838 20b. METHOD OF DISPOSITION DATE 20b. PLACE AND DATE CON OF TOWN SINGLE AND DATE 20b. LOCATION - CRY OF TOWN SINGLE AND DATE 2														
	20b. PLACE AND DATE of DISPOSITION DATE 20c. LOCATION - City or Town, State Crisfield, MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 3.06 W Main St - Cristiald MD 21817														
					₹.		306 W	. Ma	in S	t (risfi	eld.	MD	21817	
	23. PART I. Entar tha di ahock, or he	seeses, or c	omplicatione that liet only one ceu	t caused the da	eth. Do r	not ente	er the mo	de of dyl	ng, sucl	h as cerd	lec or reep	iratory an	rest,	Approx	
	iMMEDIATE CAUSE (Findiseese or condition		n. 1 -	1 1			0								Between and Death
	resulting in desth)								one	n					
7	DUE TO (OR AS A CONSEQUENCE OF):										0				
TIFICATION	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	cause, Enter UNDERLYI CAUSE (Disease or Inju	NG													
	that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSE	DUENCE OF	F):									
CER															
	PART II. Other significe	nt condition	contributing to	deeth but not r	aaulting l	In the u	ınderlying	cause g	iven in	Part I.	24a. WAS AN		24b.	WERE AUTOPS	
PHYSICIAN: MEDICAL										_	PERFO			AVAILABLE PRICOMPLETION OF DEATH?	
¥.										_				1 YES 2 [NO
Ä	25 1110 0000														
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	ck only one)				
H	1 YES 2 NO		1 Inputient 2 I		DOA 26b. TIM	_	28c. INJU		sidence						
ВУ Р		Pending nveatigation	(Month, De		INJ	URY	WOF		NO.	26d. DE\$	CAIBE HOW	NJURY OCC	URED		
0 8	2 Culaida	Could not be	28e. PLACE O	F INJURY — At ho	me, łarm, s	treet, tec			7.10	281. LOCA	TION (Street	and Number	or Rural A	oute Number.	
E		letermined	bullaing,	etc. (Specify)					- 1	City o	Town, State)			,	
COMPLETE	29a. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowledga, de	eth occurre	d at the	time, data e	end place.	end due	to the ceus	e(e) and me	nner ee stat	nd.		
OM	one) 2 MEDI	CAL EXAMINER	: On the beele of ex	amination source	nvestigatio	n, in my	opinion, de	ath occur	ed at the I	lime, deta	end place, ar	d dua to th	e cause(a)	end manner e	e stated.
29b. SIGNATURE AND TIPLE OF CENTIFIER 29c. LICENSE NUMBER								-	294 DATE			and a			

29c. LICENSE NUMBER

Caroll St. - Salisbury, MD

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

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moval.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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iffer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	nium.
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30. NAME AND ADDRESS OF PERSON

DR. ROBUSTIANO
31. DATE FILED (Month, Day, Vear)
SEP 1 4 1934

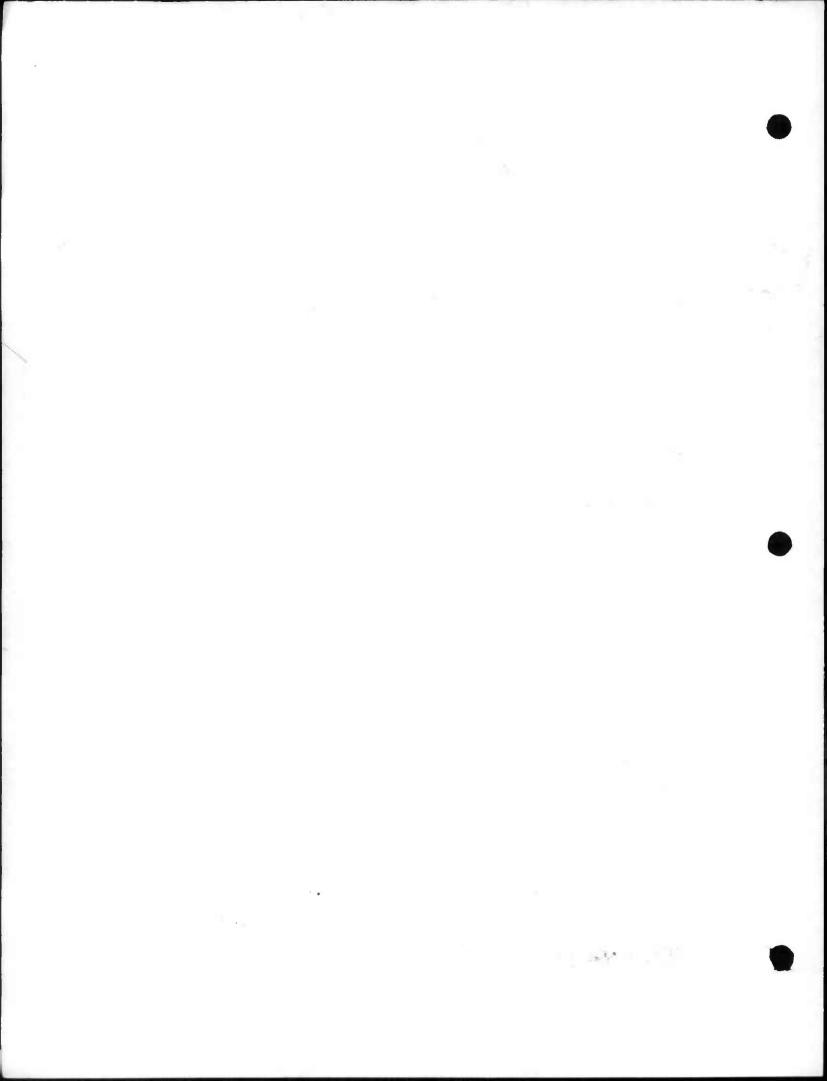
												94	28399
	1 - STATE REGISTRAR	STATE OF N	ARYLAND) / DEPAR	TMEN	OF H	EALTH	AND N			E		
	1. DECEDENT'S NAME (First, Middle, Last)		. /)	IOAII	- 01	DLA	1	2. DATE OF (EG. NO.			3. TIME OF DEATH
	Thelma &	716.0	m)	'ha	m	2 4 1.			MONTH	DA	1	YEAR	
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	URTH	13	6. BIRTHP	3:15 P. M
	214-32-3359	□ M 2 X F	63	YRS.	MONTHS	DAYE	HOURS	MIN.	MARCH	(loar)	1931	MARY	LAND
	9s. FACILITY NAME (If not institution, give street and number)					, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
S.	ALLEGANY CO. NURSIA			CI	МВЕ	RLANI	D			AI	LLEGA	NY	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			100 017	Y. TOWN (20.10017	1011						
E	MARYLAND ALLEGA			INTSI		ION						10d. INSIDE CITY	
	10e. STREET AND NUMBER			111			ZIP COD	F			10a CIT		1 TYES 2 NO
ER/	STAR ROUTE (OLD CU	MBERLAN	D ROAD)			21530	_				S.A.	TAT COUNTRY?
FUNERAL	11, MARITAL STATUS	2. WAS DECEDEN FORCES? 1			13.	WAS DECI	ENDENT C	OF HISPAN	IIC ORIGIN? (S	pecify Yes			- American Indian
BYF		FORCES? 1	YES 2	MO		it yes, spe	ecify Gubs	n, Maxican Specify.	n, Puerto Rican	, etc.)		Black, Specify	- American Indian, Whits, stc.
	3 Widowed 4 Divorced												WHITE
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION mpleted)	16s.	OECEDENT'S (Give kind of viite. Do NOT us	USUAL O	CCUPATIO	ON st of working	ng	16b, KIN	D OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +		OUSE I					HOT	ter :	ZEEDI	7D	
1	17. FATHER'S NAME (First, Middle, Lest)		п	OOSE I	CEEPI	717					KEEPI	1K	
	JAIRUS EDWARD CH	ANEA							ME (First, Middle) RENCE				
H	19s. INFORMANT'S NAME (Type/Print)	MILI	-	10h MAII ING	ADDRESS	(Stand o			loute Number, C				
6	MEREL M. CHANEY												LAND 21502
	AND DESCRIPTION OF PURPOSE AND ADDRESS OF THE PU							CATION — City or Town, Stata					
	1 M Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) MT. HOPE CEMETERY SEPT 16 1994 RFD ARTEMAS, PENNA.												
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			22.	NAME AN	D ADDRE	SS OF FAC	SILITY				
	Dale IV	Wat H							FUNERA CREET (TD MA	DVI AND
	23. PART I. Enter the diseases, or con	nplications that	ceused the	death. Do r	ot entar	the mod	da of dvi	Ing such	as cerdisc	or ment	CICLAI	ND MA	Approximete
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final							Interval Between Onset and Death					
	diseese or condition	Cancin	Dana	-4 (7.	Car	1.	4	1.	4. 4	4.	16.	Oliset and Death
	disease or condition resulting in death) a. Carcinema of the Colon with metastasiz DUE TO (OR AS A CONSEQUENCE OF):												
z									1				
ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	Cause. Enter UNDERLYING CAUSE (Disease or injury												
Ë	that initiated events resulting in death) LAST	OUE TO	OR AS A CONS	SECUENCE OF	ን:								
CEF	d												-
	PART II. Other significant conditions	contributing to	daath but no	t resulting i	n the un	derlying	cause g	given in F	Part I. 24s.	WAS AN	AUTOPSY MEO2		VERE AUTOPSY FINDINGS
MEDICAL									_ 10	YES 2		(COMPLETION OF CAUSE OF DEATH?
ME									_			- 1	TES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			отне		ACE OF D	EATH (Che	ck only one)				
ΥS	- 19	☐ Inpetient 2 ☐		_	Nun		5 🗆 Rs	sidence (B 🗆 Other (Spe	cify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF (Month, Da		28b. TIMI	URY	28c. INJU WOF	RK?		28d. DESCRIB	E HOW IN	JURY OC	CURED	
BY	2 Accident Investigation	28a PLACE OF	IN HIDV - At	home town	M L		ES 2	-					
E	3 Suicide 6 Could not be determined	28s. PLACE Of building,	Mc. (Specify)		neer, ISCR	иу, опісв			26f. LOCATION City or Tox	vn, State)	nd Number	of Hural Ro	ute Number,
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of	mu know to to	do-th		-							
MP	(Check only one) 2 MEDICAL EXAMINER:												
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER									piece, 800			
BE	10/ Come					-) 148	ense numi 865	DEM				Nonth, Day, Year)
1 1 11						P-	- 10					, ,	\ _ / /

HO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

BARRERA MEMORIAL HOSPITAL
32. REGISTRARY SIGNATURE

21502

CUMBERLAND MARYLAND



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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examination	١
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	FOR STATE OF MARYLAND / DE 1 - STATE REGISTRAR CER	EPARTMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATN		
	HELEN LOUISE	CUMM	INGS	Sept.	13 19	94 1:42 a		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bird.) 1	YRS. WONTHS DAY		7. DATE OF BIRTN (Month, Day, Year) OCT. 15, 1	8.	BIRTNPLACE (State or Foreign Country)		
NC.	99. FACILITY NAME (If not institution, give street and number) MEMORIAL HOSPITAL		N OR LOCATION OF D		9c. COUNTY			
CT	RESIDENCE OF DECEDENT				<u> </u>			
L DIRECTOR	100. STATE 100. COUNTY 100. STREET AND NUMBER	DE. CITY, TOWN OR LO			10d, INSIDE CITY LIMITS? YES 2 NO			
RA	CAMPER CIRCLE		216	L7	US. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES	If yes	DECENDENT OF NISPA specify Cuban, Mexica (ES 2 NO Specif	NIC ORIGIN? (Specify Yea in, Puarto Ricen, etc.) y:	or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	(Specify only highest grade completed) (Give killed Do	DENT'S USUAL OCCUP kind of work done during NOT use retired.) MEMAKER	ATION most of working	16b. KIND OF BUS	SINESS/INDUST	'RY		
BE CON	17. FATHER'S NAME (First, Middle, Last) LINDALE MURPHY		BEATI	ME (First, Middle, Maiden RICE GARV	IN			
2				Route Number, City or Town				
	20a. METHOD OF DISPOSITION 20b. PLACE AND	DATE OF DISPOSITION	(Name of	EASTON, DATE 20c. LO 1. 9-16 TI	CATION — City	or Town State		
	4 Donetion 5 Other (Specify) TILGHM 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	AN METHO	AND ADDRESS OF FA	1-9-16 TI	LGHMA	N, MD.		
	JOHN R. MERCEROD			RAL HOME,		ON, MD 2160		
CERTIFICATION	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or haert failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition reculting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
ERTIF	CAUSE (Diseese or Injury that initieted avants resulting in death) LAST d							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resu	ulting in the underl	ing cause givan in	1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES NO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES NO	☑ UNCERTAIL	N 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF HOSPITAL:	OTHER:	ne)					
IZ.	1 YES 2 NO	DOA 4 - Nursing I	Iome 5 - Rasidence					
ВУ РН	Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCUR	ED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, o	ffica	281. LOCATION (Street a City or Town, State)	ind Number or F	tural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death one)					use(e) end manner ee stated.		
ŌΙ	2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner see state 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 9 13 - 9 5							
BE	Stort Come (4	1001	22	9-			
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UP 1 27					-13-95		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	f filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M		RTMENT OF HEALTH ANI			20401	
	DECEDENT'S NAME (First, Middle, Last)	William V			2. DATE OF DEATH	AY YE	3. TIME OF DEATH 94 2:55 M	
1	4. SOCIAL SECURITY NUMBER 220-07-2220		6. AGE (In yrs. last birthday) 73 YRS.		7. DATE OF BIRTH	8. (BIRTHPLACE (State or Foreign Country) BLOSTOWN MD	
TOR	9a. FACILITY NAME (If not institution, give Dorchester Gen	OEATH	9c. COUNTY					
DIRECTOR	10a. STATE 10b. COUNT Md . Ca			10d. INSIDE CITY LIMITS? 1)\(\times\) YES 2 \(\precedet NO				
FUNERAL	Md. Caroline Federalsburg 100. STREET AND NUMBER 101. ZIP CODE 21632					ι	JSA	
BY	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced			13. WAS DECENDENT OF HIS If yes, specify Cuban, Max 1 YES 2 XNO Specific Company Specific C	icen, Puarto Rican, etc.)	n or No— 14,	RACE — American Indian, Black, Whita, etc. Specify: White	
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	S USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BU	00.000000000000000000000000000000000000	FRY	
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Walton J. Col		<u> Irans</u>		POUITI NAME (First, Middle, Maiden ie Priest	Surname)	ant	
TO B	190. INFORMANT'S NAME (Type/Print) William P. Col			ADDRESS (Street and Number or Ru Liberty Road	ral Route Number, City or Tow	n, State, Zip Coo		
	20a. METHOD OF DISPOSITION 1 X Burdal 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 220b. PLACE AND DATE OF DISPOSITION (Name of Cemetary, cramatory or other place) Cametary, cramatory or other place) Call estown Cemt. Sept. 7, 1994 Galestown, MD.							
Ц	* debet			Federalsb	urg, MD. 2	21632	15	
	23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Cardiac Arrest/Respiratory FAilure OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury) Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Cardiac Arrest/Respiratory FAilure OUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Limited ate Approximate interval Between Onset and Death Lim							
ATION	Sequentially list conditions, if any, leeding to immediate Due To (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in death) LAST	DUE TO (tic Lung Ca: or as a consequence of	F):			o mos.	
MEDICAL (PART II. Other significent condition	ne contributing to d	death but not reaulting	in the underlying cause given	In Part i. 24s. WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: 1	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:		26. PLACE OF DEATH	(Check only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	1 Inpatiant 2 28e. OATE OF I (Month, Day		4 - Nursing Home 5 - Residen	2ad. DESCRIBE HOW I	NJURY OCCUR	ED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, a	RNJURY — At home, farm, atc. (Specify)	street, factory, office	281. LOCATION (Street City or Town, State)		Rural Route Number,	
COMPLE				red at the time, data and place, and on, in my opinion, death occured at			ruse(s) and manner as stated.	
TO BE C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause is and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER. 29d. DATE SIGNED (Moon). On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause is and manner as stated.							

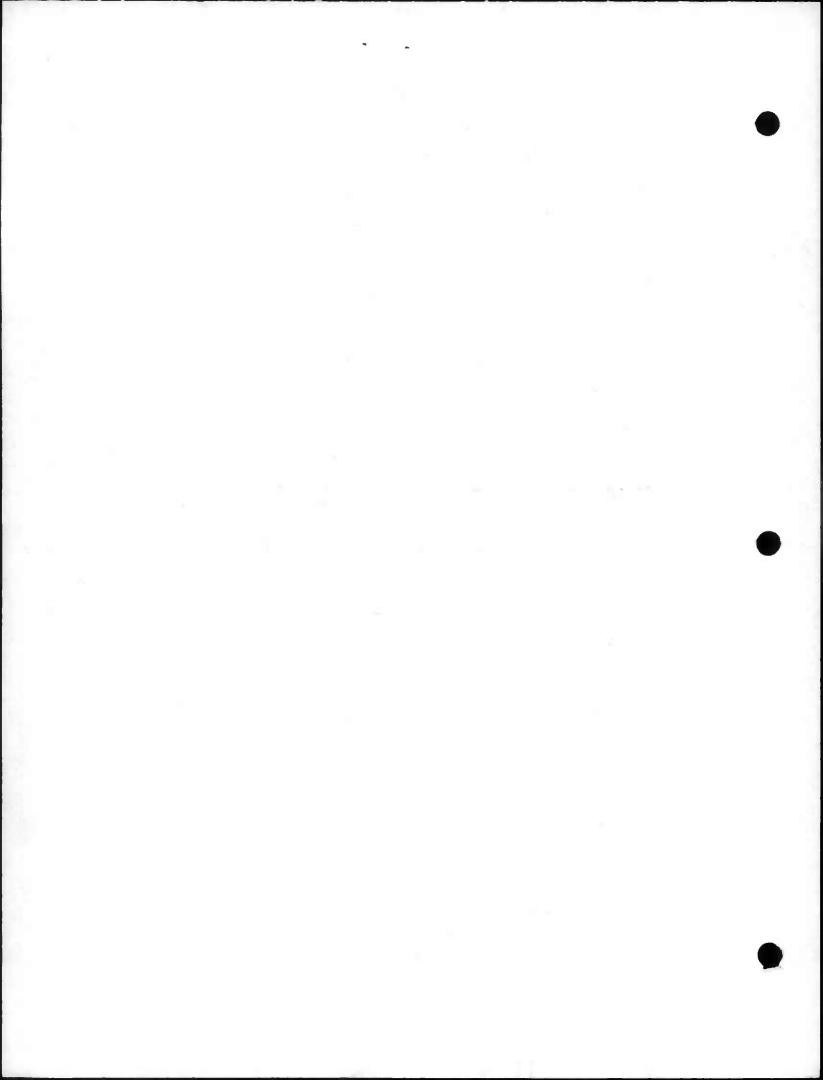
AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Lois Narr, D.O. 408 Byrn Street

32. REGISTRAR'S SIGNATURE DE

31, DATE FILED (Month,

2161,2

Cambridge, MD

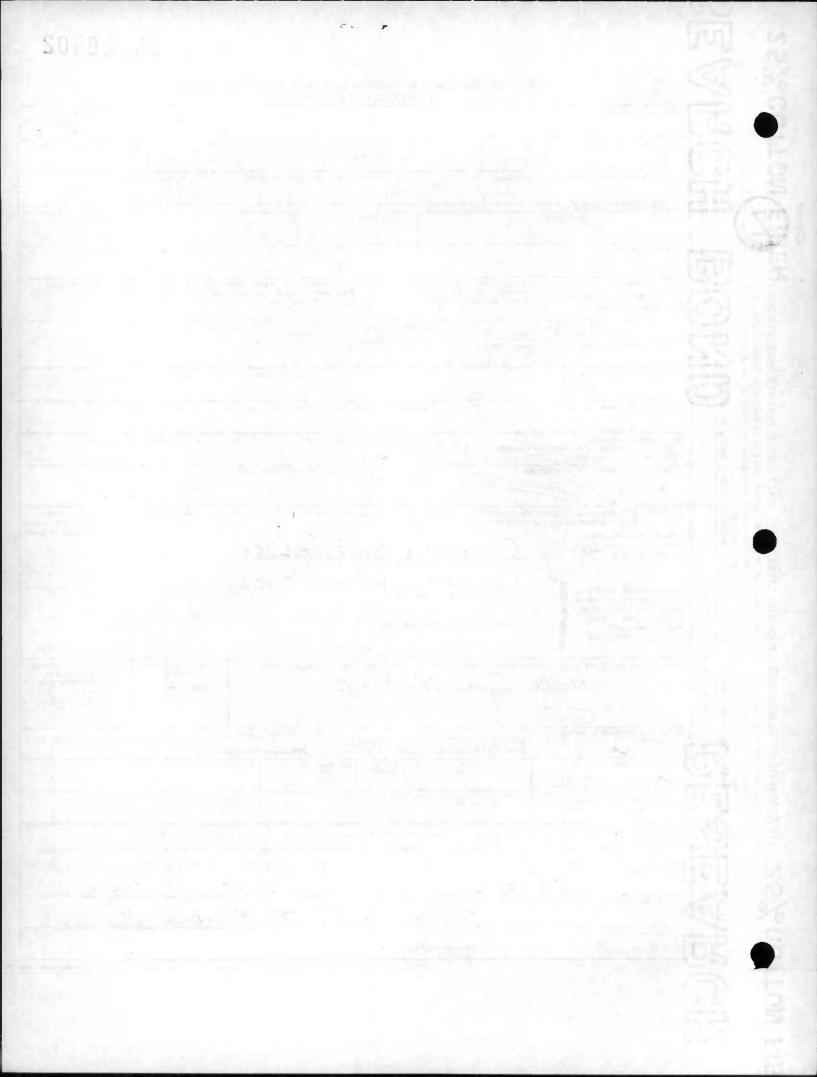


TO BE COMPLETED BY FLINER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-fransify	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transity at
tter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- Annual Control

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.
1. 0	DECEDENT'S NAME (First, Middle, Last)	2. DATE (OF DEATN

1. DECEDENT'S NAME (First, Middle, La EDITH CASTLE		- VEI	RITIFICA				REG. NO.		
EDITU CACUIT	ist)						OF DEATN		3. TIME OF DEATN
EDITH CASTLE	2					SEPT.	17.	1994	245 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	irthday) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			IRTNPLACE (State or Foreign
020 10 1607	1 M 2 F	15	YRS. MONTH	7	HOURS MIN.	(Month,	, Day, Year)	C	ountry)
230-12-1607	_ A	74				JAN.	10. 19	20 VI	RGINIA
9a. FACILITY NAME (If not institution, gi	9b. CI	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN					OF DEATN		
111 MILES LAN	E.		ST. MICHAELS TALBOT						Offi
RESIDENCE OF DECEDENT				L	CHALLS			TALB	UT
10a. STATE 10b. COL	INTY		10c. CITY, TOWI	N OR LOCAT	TION				10d. INSIDE CITY
MAIDSZE AND	ALBOT								LIMITS?
	ST. M						1 YES 2 NO		
10e. STREET AND NUMBER			101	f. ZIP CODE		1	Og. CITIZEN	OF WHAT COUNTRY?	
111 MILES LAND			21663			USA			
11. MARITAL STATUS	D 1	3. WAS DEC	CENOENT OF NISPA	NIC ORIGIN	? (Specify Yes or		IACE — American Indian, Block, White, atc.		
1 Never Married 2 Married		If yes, sp	ecify Cuban, Maxic	an, Puerto R					
3 🔯 Widowed 4 🗌 Divorced		1 YES	2 NO Specif	fy:		8	Specify: BLACK		
15. DECEDENT'S I (Specify only highest g		(Give	bent's usual kind of work dor	ne durina mo	ON ost of working	16b.	KIND OF BUSINI	ESS/INDUSTF	TY .
Elementary/Secondary (0-12)	College (1-4 or 5 +) We. De	o NOT use retired	d.)					
12th		FAC	TORY				SEAFOOD		
17. FATHER'S NAME (First, Middle, Last)		105(0			16. MOTNER'S NA			namel	
					JO. MOTRER S N	THE (FISH, M	ncura, mesuem sur	riedito)	
ROBERT LEE JAN	1ES				WILLED	TT LAS	STER WH	ITE	
19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING AODRE	ESS (Street a	and Number or Rural	Route Number	er, City or Town, S	State, Zip Code)
ANDRE FABRAY I	AVIS	1	11 MITT	EC TA	NE. ST.	MTOTT	A ET C 35	D 01	
20e. METNOD OF DISPOSITION	DAVID	20b. PLACE AN							or Town, State
1 Burlei 2 Cremation 3 🗆 F	lemoval from State	cemetery, crema			ame or	OATE	20c. LOCAI	ION — City o	or Iown, Stata
4 Donation 5 Other (Specify)		THO	MAS CE			EPT . 24	4. 1994	ST. N	AICHAELS MI
21. SIGNATURE OF FUNERAL SERVICE	DEENSEE		2		ND ADDRESS OF FA				
· //				BEN	NIE SMIT	TH FUN	NERAL S	ERVICE	ES
				P.0	BOX 16	587. F	EASTON.	MARYI	AND 21601
	b. COR	ON AS A CONSTOLL	ENCE OF):	ZKY	DISE	15/			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	c								
If any, leading to immediata	С.	OR AS A CONSEQUI	ENCE OF):						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO			underivin	a causa alvan in	Dart i	24a WAS AN AIF	maey I	24b. WEDE ALTRIQUE FINITION
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	death but not rea	uiting in the		g cause given in	n Part i.	24a. WAS AN AU PERFORME		AMAILABLE PRIOR TO
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condi	dtions contributing to	death but not rea	iulting in the	26. P	LACE OF DEATH (C)	heck only one	PERFORME 1 PYES 2.	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other aignificant condi Res 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	dtions contributing tot HOSPITAL: 1 Inpatient 2	death but not rea	iulting in the	26. P		heck only one	PERFORME 1 PYES 2.	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other algnificant conding the conding in the conding investigation of the condition of the condition of the condition of the condition of the	tions contributing to AC HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Date of Miner: On the besie of ax WHO COMPLETEO CAUS 32. REGISTRA	death but not real and selection of the	DOA OTH 4 DOA 1 DOA 4 DOA 1 DO	26. PI ER: Nursing Hon 28c. IN. 1 1	LACE OF DEATH (Cine 5 Anesidence JURY AT ORK? YES 2 NO De a and place, and duidenth occurred at the 29c. LICENSE NU	8 Other 28d. DESc 28t. LOCA City of a to the cause a time, data	PERFORME 1 YES 2.4 (Specify) CRIBE NOW INJU ATION (Street and or Town, State) se(a) and menne and place, and d	JRY OCCURE Number or Ru r as stated, lue to the cau	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Note: The control of the control o



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM J.				4.0	2. DATE OF DEATH	1	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 192-26-1675 98. FACILITY NAME (If not institution, give	¹ 😿 M 2 □ F 60	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Nov. 26, 1	1933	BIRTHPLACE (State or Foreign Country) Dorchester		
TOR	Residence Residence of Decement	ureet and number)		Rhodes	dale	EATH	9c. COUNTY OF DEATH Dorchester			
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	hester		own on Locat odesda				10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
ERAL	5707 Finchville-	Reliance Road	1	101	ZIP CODE 2	1659	10- CITIZEN OF WILL			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi		NIC ORIGIN? (Specify in, Puerto Ricen, etc. y:		Black Specify: Black		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USE (Give kind of work life. Do NOT use re Electri	done during modified.)	n st of working echnicia		Business/indus			
BE CO	17. FATHER'S NAME (First, Middle, Lest) John Coston				Grac	ME (First, Middle, Mai e Hall				
2	19a. INFORMANT'S NAME (Type/Print) Frances B. Costo		5707 F	inchvi	lle-Reli		Rhodeso	dale MD 21659		
	20a. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State Cem	PLACE AND DATE OF D etery, crematory or other ADITOL CTC	matory		Dover, Delaware				
5	· Whi SA	22. NAME AND ADDRESS OF FACILITY Bennie Smith Funeral Home, P.O. 691 Dover, Delaware 19903								
CERTIFICATION	23. PAR(I) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury) CAUSE (Disease or Injury)									
PHYSICIAN: MEDICAL CERT	that Initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Diabetes Medition Conditions Contributing to death but not resulting in the underlying ceuse given in Part I. 1 YES 2 NO 246. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	ACE OF DEATH (C/	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 🗆 1	RK? 'ES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED		
	3 Suicide 4 Homicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	one) —	ICIAN: To the best of my knowless: On the basis of examination						. cause(s) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	a In	ATH (ITEM 27) (Type, Pri	nt)	C 1000	675	29d. DATE 5	SIGNED (Month, Day, Year)		
	MARK J - (31. DATE FILED (Month, Day, Yber)	32. REGISTRAR'S SIGN.	4 MD	Box	13 SE	AFORD	DE 1	19973		
	SEP 8 1994	Sura Jackins	Mandall							

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the fourth man be an equired that the same of the same of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-training be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

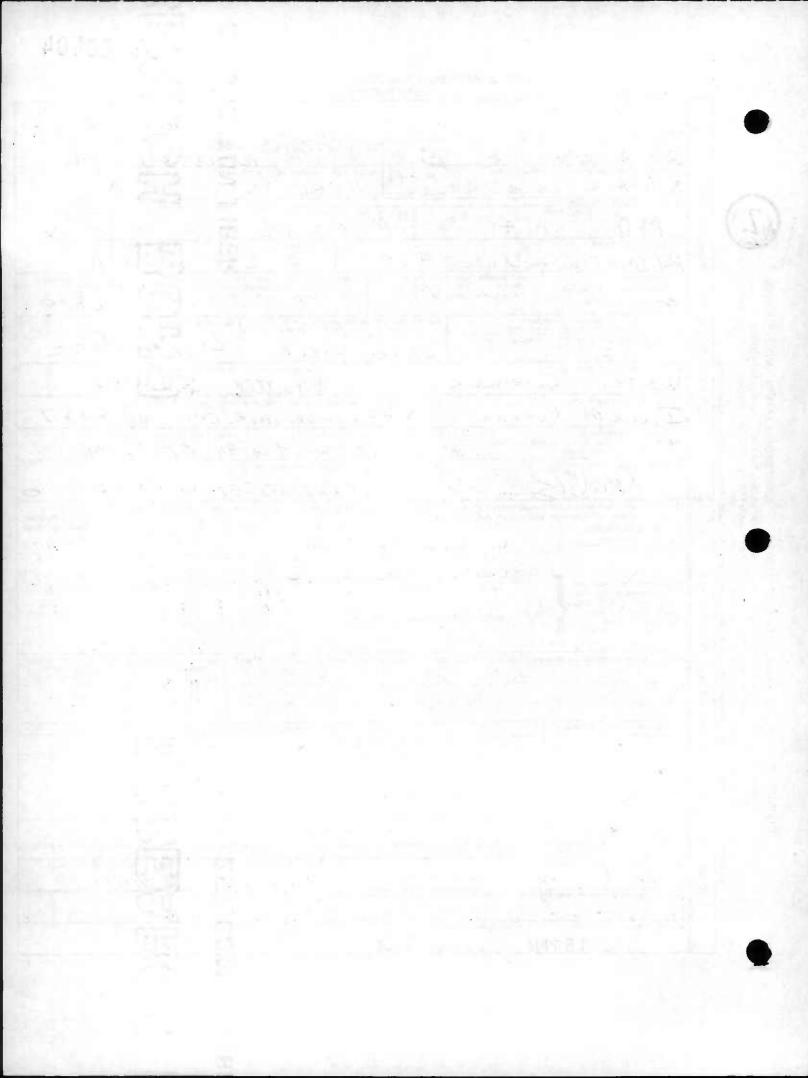
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020		
OTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will provide the continuous physician.	The death. Page it may be retained by the hospital or attending physician, :	7	
) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comments and in the internal physician in the internal physician in the internal physician physician in the physician phys	by the furnital director, page 5 should be detached for use as the burial-transit present	Pages 4. F. Jishoult	
if fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	moal,	2	
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STATE O	F MARYLAND /	DEPARTMENT	OF HEALTH	AND MEN	TAL HYGIENE
	CE	ERTIFICATE	OF DEAT	ГН	REG. NO.

	, Last)		TE OF DEATH	2. DATE OF DEATH		3. TIME OF DEATH											
Carol	line Marie C	allicon		MONTH () ()	10 1994	8:00 A											
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) IF U	IDER 1 YEAR IF UNDER 24 HRS.	F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (S													
213-18-367	1 M 2 TX	75 YRS. MONT	HS DAYS HOURS MIN.	Month, Day, Year	-18	MA											
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH																	
ROL-PAYK-Trailer Village Millersville A.A.																	
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION																	
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1 Never Merried 2 Married 3 Wildowed 4 Divorced 1 Yes, Give War OR DATE6 1 Yes, Specify: User, Marketin, Pusho Hican, etc.) Specify: S																	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY																	
12 order Clerk Ciguor stone																	
17. FATHER'S NAME (First, Middle, Last) Watter Coleman 18. MOTHER'S NAME (First, Middle, Meiden Surname) 4. His Scotten																	
190. INFORMANT'S NAME (Type/Print) (190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code)																	
Frene M. Rochner 1233 Linden Ave. BACT, MD 21227																	
20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Character) Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Character) Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Character) Cremation 3 Removal from State																	
21. SIGNATURE GE FUNERAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY																	
PALASE BARRANCO Severna PK, mp 2/14K																	
1 Jours	5		SHERANCE	severn	a FK,	mp 2/14											
23. PART I. Enter the diseases, or complications the caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final)																	
IMMEDIATE CAUSE (Final																	
disease or condition resulting in death) A. Cerebrounch Disease Due to (or as a consequence of):																	
Coranny Artere Disiane Syens																	
Sequentially list conditions, If any, laeding to immediata DUE TO (OR AS A CONSEQUENCE OF):																	
cause, Enter UNDERLYING CAUSE (Disease or Injury																	
that initiated events resulting in death) LAST																	
d																	
	PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO																
PART II. Other significant con	Table of the care				M	COMPLETION OF CAUSE DF DEATH?											
PART II. Other significant con				1 🗆 YES	S 2 NO	1 TYES 2 NO											
PART II. Other significant con				1 _ YES	5 2 XNO												
PART II. Other significant con			26 PLACE OF DEATH (5 2 XNO												
	CAL HOSPITAL:		26. PLACE OF DEATH (Check only one)	5 2 ANO												
25. WAS CASE REFERRED TO MEDIC EXAMINER?	CAL HOSPITAL: 1 Inpetiant 2 ER/Ou 28a. DATE OF INJURY	tpatient 3 DOA 4 DOA 28b. TIME OF	HER: Nursing Home 5 Besidence 28c. INJURY AT	Check only one)	W INJURY OCCURED												
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		FOR
1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERT	IFICATE	OF I	DEATH	REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR										
	Paul Jacob	Col1	ins				September		1994	1.45 P	м
			GE (In yrs. last birthd	ley) IF UNDER 1	YEAR	IF UNDER 24 HRS.	T DATE OF BUSTN		a. BIRTH	PLACE /State or Forei	an
	214-12-7519	X M 2 F	81 YR	S. MONTHS	DAYS :	HOURS MIN.	May 12,	1013	Count	yland	
	9e. FACILITY NAME (If not institution, give street	01	9h CITY	TOWN OR	LOCATION OF D						
Œ											
5	Physicians Memorial Hospital La Plata Charles										
E	10a. STATE 10b. COUNTY			CITY, TOWN OF	ON		10d. INSIDE CITY				
10	Maryland Charl	es		White	ins		IMITS?	, [
7	10e. STREET AND NUMBER			1111100		WHAT COUNTRY?	-				
3	10524 Deacon Road				United St			Statos			
FUNERAL DIRECTOR		. WAS DECEDENT EV	ER IN U.S. ARMED	13, W	0695	NIC ORIGIN? (Specify Ye				-	
	1 Never Merried 2 XXMerried	FORCES? 1 1 1	ES 2/ ANO	If	yes, spec	Ify Cuben, Maxica	in, Puerto Ricen, atc.)		Speci	E — Americen Indien, k, While, atc.	
B	3 Widowed 4 Divorced				1E3 2	W.M. Shecii	y.			hite	
B	15. DECEDENT'S EDUCATE (Specify only highest grade con-	ION molested		IT'S USUAL OCC			16b. KIND OF BI	JSINESS/IN		11100	_
ᇤ		College (1-4 or 5+)	life. Do NO	f of work done du OT use retired.)	inng most	or working					
릴	12	0	Forem	nan			N.O.S/	U.S.	Gov	't.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)			
BEC	Horace L. Collins					Lillian	A. Jones				
	19e. INFORMANT'S NAME (Type/Print)	·	19b. MAIL	ING ADDRESS			Route Number, City or To	wn, State, Z	io Code)	_	
2	Blanche Louise Coll	ins	P.O.	Box 72	1. W	hite Pl	ains, Mary	/land	206	95	- 1
	20a, METHOD OF DISPOSITION		20b. PLACE AND DA						- City or To		_
	1 🕅 Buriel 2 🗆 Cremation 3 🗆 Removal	1 from Stale	cemetery crematory	or other place)	l Ga	rdone 0	-14-94 Wa	ldor	f M	anvland	- 1
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE()		22. N.	AME AND	ADDRESS OF FA	CILITY	11001	1 9 110	ar y rand	$\overline{}$
- 8	MgB Mark Ar. 12	Draun	7	THE	HUN	ITT FUNE	RAL HOME,	INC.			
	Mark G. Brohawn						ALDORF, M			20604	
	23. PART i. Enter the diseasea, or com ahock, or heart failure. List	nplications that cau t pniv one cause o	used the death. I	Oo not enter t	he mode	e of dying, auc	h as cardiac or res	piratory e	rreat,	Approximate interval Bets	
	IMMEDIATE CAUSE (Final		250							Onaet and D	
	disease or condition a. SEPSIS										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions.										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
<u>ਨ</u>	CAUSE (Disease or injury										
ᄩ	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENC	E OF):							
E	d										
2	PART ii. Other algnificant conditions c	contributing to deal	th but not resulti	ng in the und	leriving :	cause given in	Part I. 24s. WAS A	N AUTOPSY	246	WERE AUTOPSY FIND	INGS
DICAL	HYDER-				,	3	PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAU	
				A+ C	7 - 4	0 =	1 □ YES	2 (U/NO		OF DEATN?	
Σ	CEREBROY	77) (4		DIS	EN	16				1 YES 2 NO	
ä	DID TOBACCO USE CO	ONTRIBUTE T	O CAUSE	OF DEAT	_						
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:		CE OF DEATN (Ch	eck only one)				
YS		Inpetient 2 ER/		A 4 I Nursi	ng Nome		8 Other (Specify)				
표	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Ye	RY 28b.	TIME OF 12	28c. INJUR	K?	28d. DEŞCRIBE NOW	INJURY O	CCURED		
B	2 Accident Investigation			M		S 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, atc. (URY — At home, fer 'Specify)	rm, straet, factor	ry, office		261. LOCATION (Street City or Town, State		er or Rural I	Route Number,	
COMPLETED	4 Homicide determined	772									
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the beat of my k	nowledge, death oc	curred at the tim	ne, date er	nd place, end due	to the cause(s) and ma	nner ee st	sted.		
M	one) 2 MEDICAL EXAMINER: C									i) end menner ee state	od.
	29b. SIGNATURE AND TITLE OF BERTIFIER		7	7		29c. LICENSE NUI					_
H	V. Ann	ang	and	M				290. DA	OI _	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CALLED	DEATH STEM OF	Rone Prints	D A	D-2606				11-17	
			VEAIN (ITEM 27) (. Box 28					
	Vidyasagar Anmang		NON ATION	70%	Char	lotte H	all, MD	20622			
N	SEP 1 5 1994	Jalia dau	char Rada	2							- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Now, after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

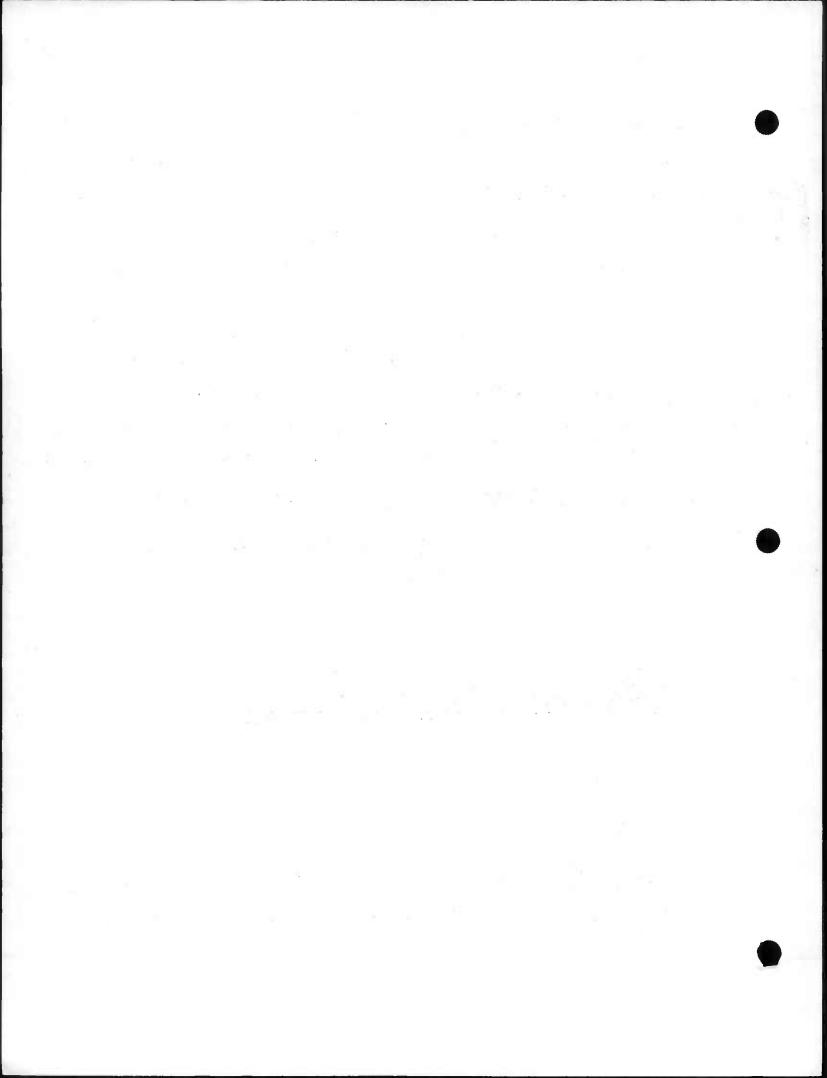
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	MS CLATTE	ar			MONT	18	9	EAR E	815 A"	
pinous		214-16-6213 99. FACILITY NAME (# not institution, give st	\$1 M 2 □ F 86		Thomas Clayton 2. Date of Death Average 2. Date of Death Average 2. Date of Death Average 2. Date of Death Average 2. Date of Death Average 3. Time of Death Average 3.	Jersey						
S Summer S	TOR									A CONTRACTOR OF THE PARTY OF TH		
()	DIRECTOR	Maryland 10b. county	Cecil	10c. CIT	REG. NO. TIPICATE OF DEATH TIPICATE OF DEATH TIPICATE OF DEATH TIPICATE OF DEATH TIPICATE OF DEATH TOTAL OF THE STATE OF MANY MONTHS DAYS HOURS SHEELS. TOTAL OF THE STATE OF MANY MONTHS DAYS HOURS DEPARTMENT OF MANY MONTHS DAYS HOURS MAN. TOTAL OF THE STATE OF MANY MONTHS DAYS HOURS DECEMBENT OF MANY MONTHS DAYS HOURS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or NO— If yes, appecify Cuben, Mearlean, Puerfor Ricen, etc.) TOTAL OCCUPATION AND Specify: TOTAL OCCUPATION AND SPECIFY DESCRIPTION OF MONTHS SHAME (First, Middle, Mealden Surraume) TOTAL OF MANY MANY MANY MANY MANY MANY MANY MANY		LIMITS?					
ansit perm	FUNERAL	100. STREET AND NUMBER 46 Patterson Avenu	ue		10		10g. CITIZEN OF WNA					
ding physician. The borial-tran	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	FORCES? 1 YES	2 X NO	II yes, sp	ecify Cuban, Mexic	en, Puerto I		s or No — 14	Black, W	hile, elc.	
ospital or uters:	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Eight Years	CATION completed) Callege (1-4 or 5+)	RUSSELL Thomas Clayton Russell Thomas Clayton	ost of working	C:						
by the hospital of the detached for at once.	E CON	17. FATNER'S NAME (First, Middle, Lest) Harry H	. Clayton			18. MOTNER'S NA	AME (First, I	Middle, Malden	Surname)			
5 C 5	TO B	190. INFORMANT'S NAME (Type/Print) Bertha L. Clayton	1	1		and Number or Rural	Route Numi	ber, City or Tow	n, State, Zip C		21903	
death. Page 6 may be retained to funeral director, page 5 should al.		20a METNOD OF DISPOSITION YABurlel 2 Cremetton 3 Remot	oval from State 20b.	PLACE AND DATE	OF DISPOSITION (Na	ama ol	DAT	E 20c. LO	CATION — CI	y or Town,	Slate	
		22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903										
be executed within mount clan and completely filled in ior to burial, cremation, or raumatic event, the mo	RTIFICATION	shock, or haart failufa. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING	a. DUE TO (OR AS A	CONSEQUENCE OF	LHON.				iratory arree	rt,	Approximete Interval Between Onset and Daeth	
death certificate attending physiental Hygiene pr	CERTIFIC	CAUSE (Disease or Injury thet initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
law requires that the death as been signed by the atte Pept. of Health and Mental 23 shows any Injury,	: MEDICAL	-1014 - 141/0 THYO	- FUD D - ARLHH	MIA -	-4770. 1 PE					FORMED? AVAILAB COMPLE DF DEAT		
The ate C	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	itlent 3 DOA	OTHER:							
NG PHYSICIA fler this certil sath with the marked, or	/ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJ	JURY AT ORK?			NJURY OCCU	RED		
TTENDI TOR: A after de	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Specific	— At home, lerm,						Number,		
TAL OR VAL DIRI 72 hour If Item	COMPLET										d manner as stated.	
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	29b. SIGNATURE AND TITLE	Mes									
	OT	30. NAME AND ADDRESS OF PERSON WHO	1 146 31	95.lili	Prim)	f He	16,	Mat	210	28		
		CFD 1 Q 'OA	PL. K. SIGNA									

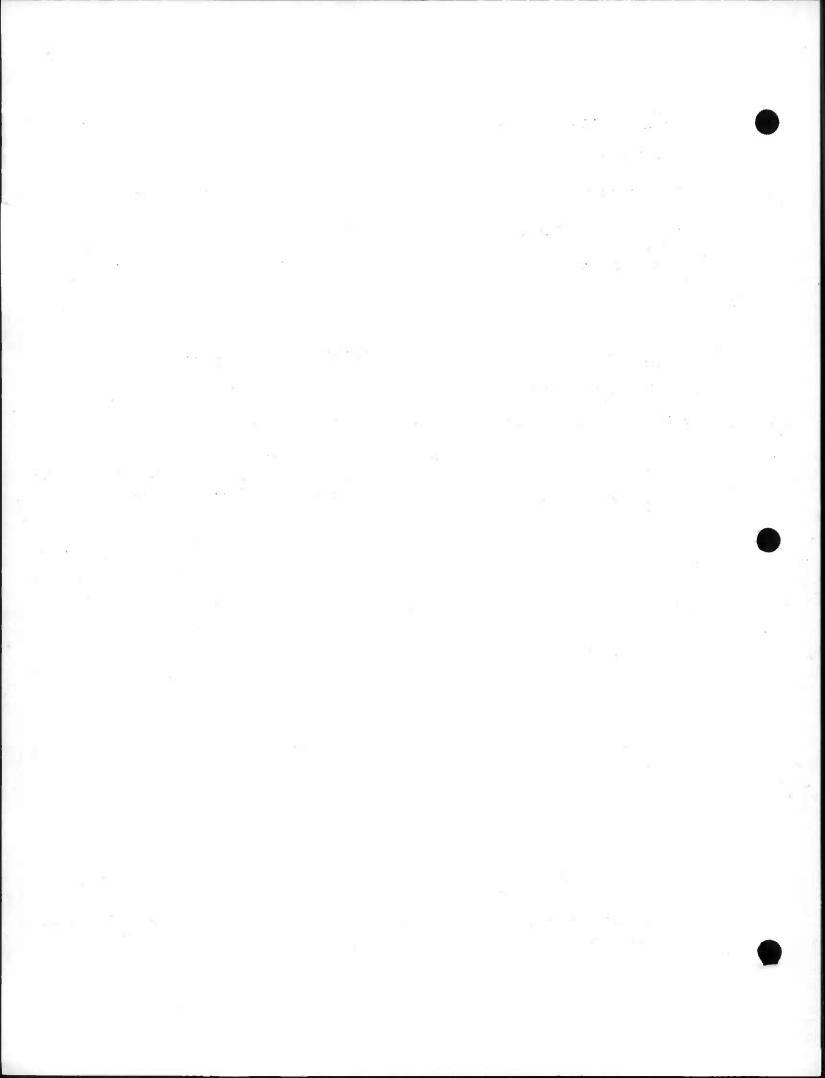


DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be find within 72 hours after death with the State hard. of Health and Mental Horisone more to burial command	in by the funeral director, page 5 should be detached for use as the burial-transit per
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

for STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

REGISTRAR			CI	ERTIF	ICATE (OF DEATH		REG. NO.				
1. DECEOENT'S NAME ADEN	SAMUEL SAMUEL	CARPENTE	R				2. DATE OF MONTH Septe	D.A	w ₁₇	YEAR 1 Q Q /	3. TIME OF DEATH	1
4. SOCIAL SECURIT	Y NUMBER		GE (In yrs. les	et hirthday)	IF UNDER t YE	AR IF UNDER 24 HRS.	7. DATE OF		1/,	-	0730 IPLACE (State or For	nion.
220-05-67	728	1 欠 M 2 □ F	83	YRS.		YS HOURS MIN.	1-20	_1911	1	Count	ryland	ngn
	9e. FACILITY NAME (If not institution, give street end number)					WN OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH	
RESIDENCE O	18624 Carolyn Street					Hagerstown			Washington			
10e. STATE	100. STATE 10b. COUNTY Maryland Washington					10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
Maryland		ington		на	gerst	own					1 X YES 2	10
	106. STREET AND NUMBER 18624 carolyn Street			10f. ZIP CODE 2174						J.S.A	EN OF WHAT COUNTRY?	
t1. MARITAL STATUS	3	12. WAS DECEDENT EVI			13, WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	Specify Yee	or No-			
	1 Never Merried 2 Merried FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR C			2 ⊠NO If yes, specify Cuben, Mexic				n, etc.)		Spec		
(Sp	15. DECEDENT'S EDU		16a. DE	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. Kii	ND OF BUS	SINESS/INI	DUSTRY		
Elementary/Seco 7 year		College (1-4 or 5+)			/Bonde		Ai	rcraf	ft Mf	g.		
17. FATHER'S NAME				veter/Bonder Aircraft Mfg. 16. MOTHER'S NAME (First, Middle, Maiden Sumame)								
Samuel W	Samuel White Carpenter					Amanda						
	NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet end Number or Rurai				p Code)		
Alice A.	Harper Ca	arpenter		18624	Caro	yn Street	Hager	stowr	ı, Mo	1. 2	1742	
20e. METHOD OF DI	SPOSITION remetion 3 - Rem	ovel from State	20b. PLACE	18624 Carolyn Street Hagerstown, Md. 21 EANDDATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town								
4 Donetion 5	Other (Specify)		cemetery, cre Cedar	Lawn	Mem.	Park 9-2	0-1994	Hage	ersto	own,	Maryland	1
21. SIGNATURE OF F	FUNERAL SERVICE LIC	CENSEE		Douglas A. Fiery 1331Eastern Blvd. I Funeral Home Hagerstown, Maryland						_		
10	rudon A.	Frery				eral Home					land 217	42
23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										tween		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARCINOMA PULMORADO DUE TO (OR AS A CONSEQUENCE OF):										8 Mor		
DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CAUSE (Disease	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
PART II. Other al	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
PART II. Other al		a continuiting to dear	in but not i	reauting i	n the under	lying cause given in		PERFOR	MEO?	_ 246	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DF CA	0
											OF DEATH?	0
25. WAS CASE REFE EXAMINER? 1 YES 2 2	PREO TO MEDICAL											
EXAMINER?		HOSPITAL:	Outpatient 3	L□ DOA	OTHER:	6. PLACE OF DEATH (C Home 5 A Residence						
27. MANNER OF DEA		28e. DATE OF INJU	RY	26b. TIMI	E OF 260	. INJURY AT	2ad. DESCR	-	NJURY OC	CURED		
	5 Pending	Month, Day, Ye	_	INJ	URY M 1	WORK? YES 2 NO						
2 Accident 3 Suicide	6 Could not be	26e. PLACE OF INJ	URY — At he	ome, ferm, a	treet, factory,	office			and Numbe	r or Rural I	Route Number,	
4 Homicide	Specify)				City or 1	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
000)		CIAN: To the best of my k									a) and manner as at	ted
	O TITLE OF CERTIFIE					29c. LICENSE NU		,,			(Month, Day, Year)	
Bank AND SIGNATURE AND	Melhan	ma)				7						
30. NAME AND AOOF	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							D01040 > 09-19-94				
BARRY	M. COKE	N, MD, 18.	706 C	AGS 72	WOOD "	Dalus, Hi	46-11	(201)	بد رم		2/742	
31. DATE FILED (MO)	fh, Day. Year)	32. REGISTRAR'S	IGNATURE			,				-		
SEP19	1994	Tuli Danden	Juston	-								



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

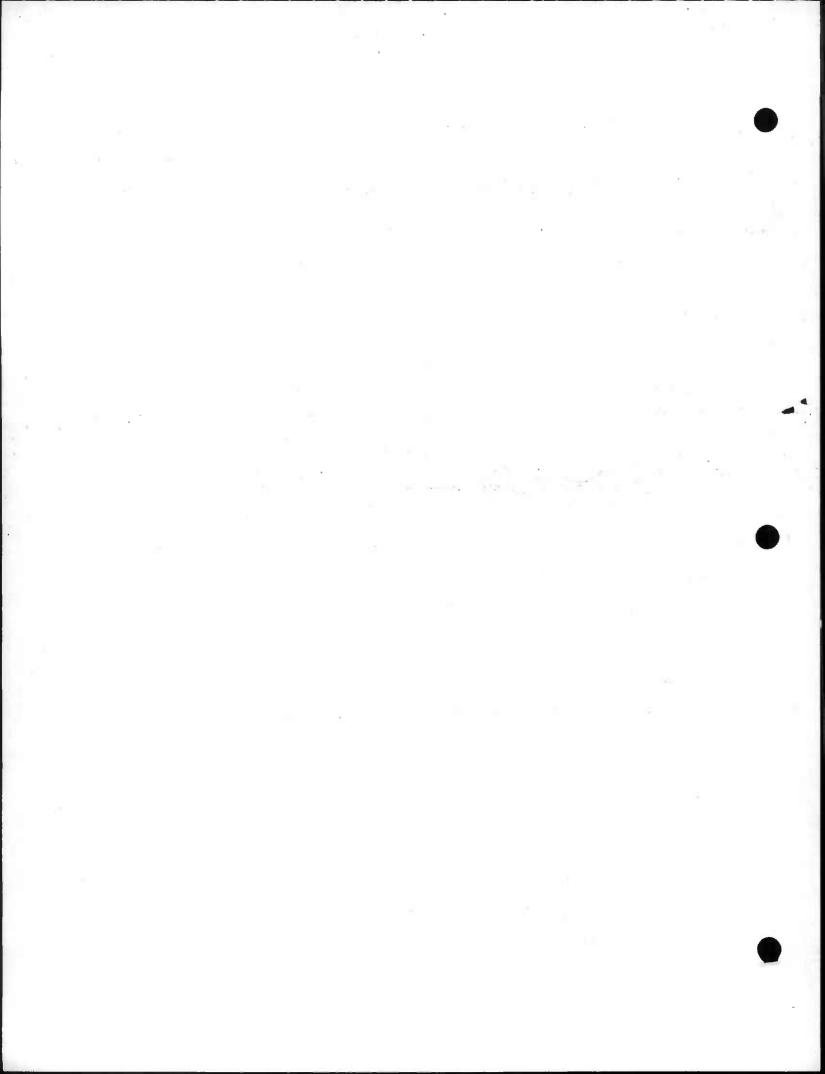
	- REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)	0 1				2. DATE OF DEATH			3. TIME OF DEATH			
	Virginia R.C	OOK Vir	rainia Rut	th COOK		MONTH 09	6	94	1035 M			
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGI	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		S. BIRTH	PLACE (State or Foreign			
0.1	236-46-21331	□ M 2,25F	82 YAS.	MONTHS DAYS	HOURS MIN.	Jan. 12.	1912	Wast	" Virginia			
	9s. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUN	NTY OF DE	EATH .			
DIRECTOR	Washington County Hospital Hagerstown Washington											
Ĭ,	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?			
	Westy Vinginia Berkeley Falling Waters											
FUNERAL	10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT											
E	Route #1 Box 209				25419		USA	4				
5		2. WAS DECEDENT EVER	IN U.S. ARMEO			NIC ORIGIN? (Specify Y		14. RACE	- American Indien,			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES		pecify Cuben, Mexica S 2 NO Specif	in, Puerto Rican, stc.) y:		Specif	White White			
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade cor	ION	18a. DECEDENT'S			16b. KIND OF B	JSINESS/INO	USTRY				
Fi		College (1-4 or 5+)	life. Do NOT us	vork done during n se retired.)	ost of working							
립		,	House	wife		Home						
0	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)					
0	Daniel Custer				Almeda	UNK						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Ploute Number, City or To	wn. State. Zip	Code)				
일	Margie E. Cook					ng Waters,			25/110			
	20s. METHOD OF DISPOSITION	1,	0b. PLACE AND DATE				OCATION —					
	1 XBurief 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State	emetery, crematory or pa	ther place)				•				
- 1	21. BIGMATURE OF FUNERAL SERVICE LICEN	- All and the second	indry called		ND ADDRESS OF FA	. 19,1994 Fa	uring	water	s, west va.			
	11100111	ashing			NE FUNERAL	HOME liamsport, M	M 217	OE.				
_	23. PART I. Entar The diseeses, or con	nolications that caus	ed the death. Do r						Approximate			
	shock, or heert fellure. Lis	t only one cause on	eech line.	or enter the II	oue or dying, add	in section of res	matory err	est,	Interval Batween Oneet and Death			
	IMMEDIATE CAUSE (Finel											
	disease or condition resulting in death) a. OUE TO (OR AS A CONSEQUENCE OF):											
. 1		OUE TO (OR AS	A T	T .		-			141-9			
S	Sequentielly liet conditione, OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	10 (011 110	any		0.0.				-			
윤	CAUSE (Disease or Injury thet initiated events	OUE TO (OR AS	A CONSEQUENCE OF	7:	7	~						
E	resulting in deeth) LAST	- 11							ĺ			
CE	d											
4	PART II. Other significant conditions of		but not resulting	in the underlyl	ng cause given in	Pert I. 24s. WAS A	N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
DICAL	Dink melli	lin				1 □ YES			COMPLETION OF CAUSE			
ш									OF DEATH? 1 YES 2 NO			
-	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES T NO	2 🗖			7			
A	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch							
Sic		OSPITAL:	restient 3 DOA	OTHER:	me 5 🗆 Residence							
PHYSICIAN: M	27. MANNER OF GEATH	28e. OATE OF INJURY	7 28b. TIM	E OF 28c, II	JURY AT	28d. OESCRIBE HOW	INJURY OCC	CUREO				
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY W	ORK? YES 2 NO							
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY At home, ferm, s			281. LOCATION (Street	and Number	or Bural D	oute Number			
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Sp	secify)			City or Town, State						
P.E	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knr	owledge, death occurre	ed at the time, de	e end place, and due	to the cause(a) and m	enner as state	ed.				
M	one) 2 MEDICAL EXAMINER: (and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER											
B	V ZDA	- mo			29c. LICENSE NUI			E SIGNED	(Month, Day, Year)			
၉			SATU ATEN AT	D-/	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1		(-()	74			
	30. NAME AND ADDRESS OF PERSON WHO C				J-C 7/4	CERSTON	·~ ~	~0 a	21240			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an animal feed feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

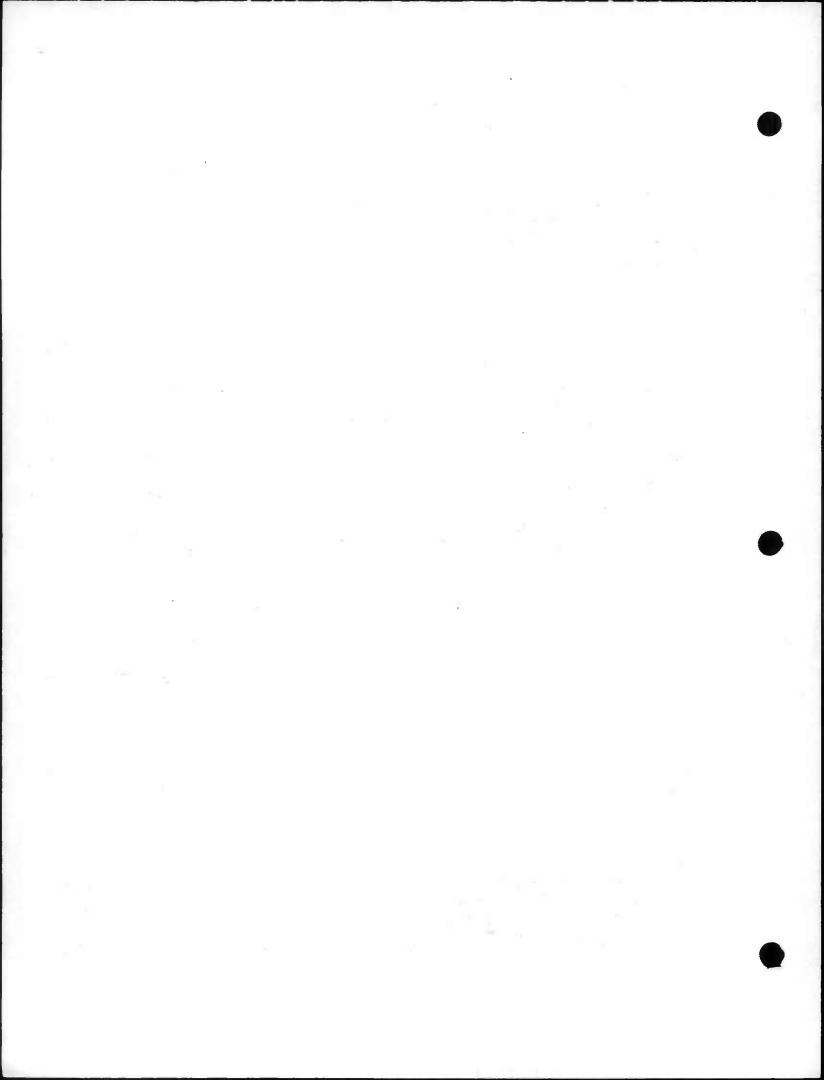


O. BOX 68760 BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR		CERTIFI	CATE (OF DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DE	ATH		3. TIME OF DEATH					
	Merton Dangerfield CAR	PER, Jr	•			Sentem	her 19	1901	OHAO "		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.			8. BIRT	HPLACE (State or Foreign		
	216-22-7737 1₺M₂□	F 67	YRS.	MONTHS DA	YS HOURS MIN.	Nov. 9	1926	Coun	maryland		
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO			_	TY OF DEATH			
۳۱	Washington County Hos	nital		9b. CITY, TOWN OR LOCATION OF DEATH							
DIRECTOR	Washington County Hospital Hagerstown Washington										
W	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?		
ا ۃ	Maryland Washingto	n	H	lagers	town				1 A YES 2 NO		
A I	10e. STREET AND NUMBER				101. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?		
E	1060 Valleybrook Driv	e			217	42		USA			
FUNERAL	FORCESS	DENT EVER IN U.S		13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Spe	cify Yes or No-	14. RAC	E — American Indian,		
BY	IF YES, GIV	1 X YES 2 E WAR OR DATES			s, specify Cuban, Mexi YES 2 XNO Spe		etc.)	Spec	k, White, atc.		
	3 ☑ Widowed 4 ☐ Divorced								nite		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	Give kind of w	USUAL OCCUI	PATION g most of working	16b. KIND	OF BUSINESS/I	NOUSTRY			
<u> </u>	Elementary/Secondary (0-12) College (1-4 o		life. Do NOT use	e retired.)			1 1 1 .	- 1			
COMPLETED	12	0 s	tationa	ry en	gineer	cit	y light	. pla	nt		
္ပ	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle,					
BE	Merton D. Carper, Sr.				Helen	Elizabe	th Stou	ıffer			
0	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Run						
-	Jeanne M. Carper		1060	Valle	eybrook D	r., Hage	rstown,	Mar	yland 21742		
	20a. METHOD OF OISPOSITION 1 Burlal 2 □ Cremation 3 □ Ramoval from Stata		ACE AND DATE O		N (Name of	OATE	20c. LOCATION	— City or T	own, State		
	4 Donation 5 Other (Specify)		Rest Ha	ven C	emetery	9-22-94					
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1		NICH FUNE						
	Tit Min	niel					Haaawat		MJ 217/0		
\dashv	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate										
	shock, or heart feliure. List only one IMMEDIATE CAUSE (Final	ceuse on aach	line.						Interval Between Onset and Death		
ı	disease or condition /+//// M/// CAVD/A//TAVA//TAVA										
	oue TO-OR AS A CONSEQUENCE OF:										
z	VIARETES MEILIVS										
일	Sequentially list conditions, if any, leading to immediate										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. DEND PARTY UNDERLYING C. DEND PARTY UND										
	that initiated events oue TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
31	PART II. Other algnificant conditions contributing	to death but r	not resulting in	n the under	lving cause given i	in Part I 24a 3	MAS AN AUTOPS	V 24	. WERE AUTOPSY FINDINGS		
DICAL					,,g out of grown	- 1	PERFORMEO?		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
шШ						t 🗆	YES 2 NO	- 1	OF DEATH?		
Σ									1 YES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL				. 0. 405 05 55	21.1					
2	EXAMINER? HOSPITAL			OTHER:	6. PLACE OF DEATH (
HYSICIAN:		2 ER/Outpetler			Home 5 Residence		-				
J		h, Day, Year)	28b. TIME	URY	WORK?	28d. DEŞCRIBE	HOW INJURY C	CCURED			
'n	2 Accident Investigation	T AT III			YES 2 NO						
	3 Suicida 8 Could not be 4 Homicide determined	E OF INJURY — I Ing, atc. (Specify)	JURY — At home, farm, streel, factory, offica (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
				City or lown, State)							
COMPLETED	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the beautiful control of the beautiful c										
§	MEDICAL EXAMINER: On the basis	of examination and	d/or investigation	n, in my opinie	on, death occured at ti	he time, data and pi	lace, and dua to	the cause	a) and manner as stated.		
	296 SIGNATURE AND TITLE OF CERTIFIER	ΔΔ.	^		29qVICENSE N	UMBER	29d. O	ATE SIGNE	(Month, Day, Year)		
2	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)										
2	30. NAME AND AODRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH			1,700	/		1			
	1799 170 WCV	1(1)	1/1/	76 EC	STOWN	mn-		17	40		
	31. DATE FILEO (Month, Day, Year) 32. HEGILL HARTS BIGNATURE. SFP 2 7 1994										
1	5FP2 /74941	man oli amoder	n-Randal	J.							



	examiner	
0 1011104	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	ı
dillo	the	١
55 15	event,	
Z HOURS Affect Death with the State Dept. Of regulation mental rightens prior to bound, Schooling, Street	ımatic	
5110	Ē	ı
ARIENIE	other	I
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DIALETTO	injury,	ı
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Sept.	23 \$	
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negr	E	
diller	28	
HOURS	item	
71	200	į
WITH	TAME	
De nied within 72	MPOF	

E. HOWE,

M.D.,

32. REGISTRAR'S SIGNATURE

TED

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTAL	HYGIENI REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	v	YEAR 3.	TIME OF DEATH
	EDITH R I	DANIELS								TEMBER			4:35 A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER		IF UNDER			DE BIRTH , Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
1	213-18-3788	1 🗌 M 2 🛣 F	۸	O YRS.	MONTHS	DAYS	HOURS	MIN.		27/14		Virgi	nia
	9a. FACILITY NAME (If not institution, give st	reet and number)		0	9b. CITY	, TOWN C	R LOCATI	ON OF DE		-1/ 1	9c. COU	NTY OF OEAT	
Œ	17:11: omenewt Nuws	na Homa			1.7-1	11:00	nspo	n+			Linch	ningto	n
K	Williamsport Nurs	rig nome			MTI	LITAI	115 00.	LL			wasi	ITIIZIO	I.I.
iji.	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY LIMITS?
2	Maryland Wash:	ington		Ha	ncock	ζ						1 X YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101	. ZIP COO	E			10g. CIT	IZEN OF WHA	T COUNTRY?
E	184 East Main Stre	eet					2:	1750			USA	A	
5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. A	RMED					NIC ORIGIN	? (Specify Yes	or No-	14. RACE — Black, W	American Indian, /hite, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES					Specify		iican, acc.,		Specify:	100.00
					!								White
里	15. DECEDENT'S EDUC (Specify only highest grade		(0	ECEDENT'S Sive kind of a. Do NOT u	work done	during mo	ON est of worki	ng	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5	+)			T1 1200	_						
COMPLETED	12 17. FATHER'S NAME (First, Middle, Lest)	3	Reg	iste	rea i	vurs	v	UEDIO NA	10 (Flora A	Aiddle, Maiden	0		
		h											
BE	Eppa Clifton Roys	ton	140							et Bu		- 0-4-1	
2	CERTIFICATION CONTRACTOR												25411
	Mary M. McBee		20b. PLACE						Spri	ings,		Va.	
	1 X Burial 2 - Cremetion 3 - Rem	oval from State	other p	iace)	-		,,	matory or					
	4 Donation 5 Other (Specify)	ENSES /	_ Damas	cus				SS OF FA	CUITY	Mer	cersi	ourg,	PA.
	21. SIGNATURE OF POWERAL SERVICE AN	7 4			Ği	cove	Fun	eral	Home	P.O.	Box 3	368	
	Kille	1/10	MOW-		_ 14	41. W	est 1	Main	Stre	et Ha	ncocl	k, MD.	21750
	23. PART i. Enter the diseases, order				not antai	tha mo	da of dy	ing, suc	h as card	flac or respi	Iratory ar	reat,	Approximata interval Between
	shock, or heert feliure. List only one cause on each line. iMMEDIATE CAUSE (Finsi												Onset end Deeth
	disease or condition CARDIOGENIC SH												HOURS
		DUE TO	OR AS A CONSE	OUENCE	P):								
z		D	ARDIAL I			V							HOURS
음	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE	F):								
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	с											
쁜	that initiated events resulting in death) LAST							i					
CERTIFICATION	resolding in deadly EAST	d											
2	PART li. Other significant condition	s contributing to	daath but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
8	LEFT THALAMIC]	NFARCT V	VITH RIG	нт н	EMIPA	ARES	IS			1 TYES 2		0	MAILABLE PRIOR TO OMPLETION OF CAUSE
									_	1 123	A IVO		F DEATH?
PHYSICIAN: MEDICA									- 1			'	20 2
A	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	DEATH (C)	heck only or	ne)			
잃	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 🗆 E	tesidence	8 🗆 Othe	er (Specify)			
¥	27. MANNER OF OEATH	28a. OATE O	F INJURY	28b. TI	ME OF	28c. IN	JURY AT		_	SCRIBE HOW	INJURY O	CCURED	····-
	1 Natural 5 Pending	(Month,	Day, Year)	II.	JURY M		YES 2	□ NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At I	ome, farm.	street, fac	tory, offic	ce			ATION (Street		er or Rural Rou	rte Number,
	4 Homicide determined	Dullaing	, atc. (Specify)						City	or Town, State,	,		
<u> </u>	29a. CERTIFIER 1XX CERTIFYING PHYS	ICIAN: To the heat	of my knowledge (fasth occur	rad at the	time det	e and place	e and du	a to the ca	use(e) and me	nner es et	stad	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
၀						F							
BE	296. SIGNATURE AND TITLE OF CENTIFIE	10 1	111				29c. LIC	ENSE NU					fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED OF	VY)	CM AT AT	a Oni-4			ע 3	3700		S	EPTEMB	ER 16, 199
	SOUTHWE WITH WARRESS OF LEUSON ML	O COMPLETED CA	UPE OF DEALH (II	wm 41) (1)/)	o, rnn)								

18100 MARDEN LANE, OLNEY, MD

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_	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT FICATE	T OF HE	ALTH AND	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH	
	Charles Dayton						9		6		M90:1	M
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	(In yrs. lest birthday)	_		IF UNDER 24 HRS.	7. DATE (F BIRTH Day, Year)		B. BIRTHPLA	ACE (State or Forei	ign
1	218-12-5753	M2 DF	71 YRS.	MONTHS	DAYS	HOURS MIN.	1 /	25 /	1928		ryland	
	9e. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY	, TOWN OR	LOCATION OF D	EATH			TY OF DEAT		
- H	175 Bowery Ext				Frost	bura				Allec	าลทุง	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					- 55						
VE			10c. Cl	TY, TOWN C	OR LOCATIO	ON .				10	d. INSIDE CITY LIMITS?	
1900		<u>legany</u>		Fro	stbur						YES 2 N	0
7 3	10e. STREET AND NUMBER					CIP CODE					T COUNTRY?	
FUNERAL	175 Bowery Etx					21532				J.S.A		
1.2·	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 2 YES				IDENT OF HISPAI			or No-	I4. RACE Black, W	American Indian,	i.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES			NO Specif		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify:		
	15. DECEDENT'S EDUC	Korean &	WaWa II						1		ite	
COMPLETED	(Specify only highest grade	completed)	(Give kind of	work done			16b.	KIND OF BU	SINESS/INDU	STRY		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Final		ichin	~		Rubbe	n Tin			
W	17. FATHER'S NAME (First, Middle, Last)	0	Land	PAII		5 18. MOTHER'S NA				8		
	Hubert		Dayton		- 1	_				. N		
BE	19e. INFORMANT'S NAME (Type/Print)			G ADDRES	© /Street en/	Leona			Sonner			
2	Debbie A. Jenkir	0.0				rive Cu				,		
			b. PLACE AND DATE				DATE	_	CATION - C			
	26 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	oval from State	metery, crematory or rostburg	other place)	311101111111111111111111111111111111111	Damla O	110/0	20C. LO		ity or lown,	State 1	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	r os courg	22.	NAME AND	ADDRESS OF FA	(HZ/Z	4) Pr	ostour	rg, M	aryland	
	1001	Whent					2.0	urst 1				
- 7	Jora / .	Junes				ost Ave					1532	
	23. PART I. Entar tha disesses, or conshock, or heart fallura.	complications that cause List only one cause on	ed tha death. Do each ilna.	not entar	tha mod	a of dying, auc	h as card	sc or reap	ratory arre	st,	Approximate Interval Bets	
	IMMEDIATE CAUSE (Final										Onset and E	
	disease or condition resulting in death)	Arteriosc1			dise	ase						
		DUE TO (OR AS	A CONSEQUENCE	OF):								
NO	Sequentially list conditions,	b										
RTIFICATION	if any, leading to immediata cause. Entar UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (OF):								
I I	CAUSE (Disease or Injury that initiated evants	C. DUE TO (OR AS	A CONSEQUENCE (ne.				-			-	
E	resulting in death) LAST			J. 1.							İ	
CE											 	
A.	PART II. Other algolificant condition		but not resulting	In tha ur	ndariying	cause given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FIND AILABLE PRIOR TO	
	Post CVA; obesi	ity						1 YES 2		CC	MPLETION OF CAL DEATH?	
MEDICAL											YES 2 NO)
	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEAT	TH YE	S NO						
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	eck only on)				
Sic	JES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	4 Nur	R: rsing Home	5 Residence	8 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Tt	ME OF	28c. INJUS	RY AT	28d. DEŞ	CRIBE HOW I	NJURY OCCL	JRED		
BY	Netural 5 Pending Investigation			М		S 2 NO						
	3 Suicide S Could not be	28e. PLACE OF INJUI building, etc. (Sp	TY — At home, term, ecify)	street, tect	tory, office			TiON (Street or Town, State)	and Number o	r Rural Rout	e Number,	
	4 Homicide determined						,	, ioning diamer,				
P	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge, death occur	red at the t	time, date e	nd place, and due	to the cau	e(e) end mer	ner as state	d.		
COMPLETED		R: On the beele of examinet									d menner ee stat	ted.
Ü	295 MICHARUME AND TITLE OF CERTIFIER					29c. LICENSE NUI					onth, Day, Year)	
100	(X)/ (n		pty Med	Ex		D 0915			•	9/16		
2	30 MANE AND ADDRESS OF BERSON WHI		roy race.	and A. b.		בי סיבו	J 1			2/ 10/	/ 34	

Dipty Med Ex

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

124W 3rd St. (

Cumberland

Dr. Paul Snow 31. DATE FILED (Morith, Day, Year) SEP 1 9 1994

Sec. 10.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, a fours after death, Page 6 may be retained by the lospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	RTIF	CATE OF	DEATH	REG. NO.	•		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V - VE	3. TIME OF DEATH	
- 3		OTTC	DO	NNER		SEPT 14	1995	4" 5:00 P _M	
	4. SOCIAL SECURITY NUMBER 5. SE		birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, 8	BIRTHPLACE (State or Foreign Country)	
1	<u> </u>	M 2 🗆 F 50	YRS.		.0	12/16/4	3	Germany	
œ	9a. FACILITY NAME (If not institution, give street an	d number)		C .	OR LOCATION OF D		9c. COUNTY		
Ō.	CHOPTANK RIVER			1	ILGHMAI	N	TALBO	J'I'	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY	
	VIRGINIA FAIR	FAX		FAI	RFAX			LIMITS?	
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
Ë	51001 Piney Br				22030)	US.	A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	AS DECEDENT EVER IN U.S. ARI ORCES? 1 XYES 2 N	MED O			NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
B	a Wildows 4 M Dissert	YES, GIVE WAR OR DATES 1960-1964			2 NO Specif			Specify: White	
	15. DECEDENT'S EDUCATION	16e. DEC	EDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	INESS/INDUST		
	(Specify only highest grade completed in the complete (Specify only highest grade completed in the complete (Specify only highest grade completed in the complete (Specify only highest grade completed in the complete (Specify only highest grade completed in the complete (Specify only highest grade completed in the completed in t	ege (1-4 or 5+) (Gh	e kind of w Do NOT us	ork done during mo Health	st of working				
AP.	1 10	4 Men	tal	consul	tant	Arling	ton C	0	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden			
BE	Otto Richard Don				Jane			- S.	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
	Susan S. Rotman			therto		Milton,			
	20a. METHOD OF DISPOSITION 1	om State 20b. PLACEA	nd DATE O	F DISPOSITION (Na	Tno	09/17 Ba	ATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	, , , , , ,	OIC	22, NAME AN	D ADDRESS OF FA	CUTY DA	T C T III O	re, MD	
)	A	,			eral Home			
	23. PART I. Enter the diseases, or compli	MERCER			on, MD				
	ehock, or heert fellure. Liet or	nly one cause on each line.	itii. Do n	ot anter tha mo	ua or dying, suc	n as cardiec or reepi	ratory erreet,	Approximate interval Batween Onset and Daath	
	iMMEDIATE CAUSE (Finel disease or condition								
	resulting in death) a								
z									
2	Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CA	CAUSE (Disease or Injury								
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):					
CERTIFICATION	d								
DICAL	PART II. Other eignificent conditions conf	tributing to deeth but not re	sulting i	n the underlying	ceuee given in	Part I. 24s. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
6						1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
M						_ ' '		YES 2 NO	
A N	DID TOBACCO USE CONTRIBUT				UNCERTAI	N 🗆 L		, ,	
PHYSICIAN: MEI		PITAL:		OTHER:					
¥		npatient 2 ER/Outpatient 3	28b. TIME	4 Nursing Home	5 Residence	6 X Other (Specify) CH	OPTAN	K RIVER	
	1 Netural 5 Pending	(Month, Dalt, Year)	INJU		RK?	Sinc A	JUHY OCCURE	fer bootcellision	
E E	2 Accident Investigation 3 Suicide & Could not be	Se. PLACE OF INJURY — At hon	ie, farm, si			281. LOCATION (Street a	nd Number or Ri	umi Boute Number	
	4 Homicide 6 Could not be determined	building, atc. (Specify)	OPTA	MK FIN	top2	City or Town, State)	Nr R	WER	
٦	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: T	o the best of my knowledge, des	-111	d at the time date	and place, and due	to the seuse(s) and men	V/		
COMPLETED	(Cheek only one) 2 MEDICAL EXAMINER: On the							use(s) and manner es stated.	
	29b. HOMATURE AND TITLE OF CERTIFIER	Δ			29c. LICENSE NUI			GNED (Month, Day, Year)	
BE	1 h orum l	orland)			O.C.M			T 15,1994	
임	30. MAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM							
	nous for racke	MY 111	Pen	n Stree	et, Bal	timore, N	aryla	nd 21201	
	SEP 21 1994	2. REGISTRAR'S SIGNATURE							
- 1	مامة	Davidson-Randelle	-						

1	0	64	3/	10
1	2-		Dermit	
4	BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit p n, or removal.	e medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN ATE OF DEATH	ID MENT	AL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle,				2. DAT	TE OF DEATH	,	YEAR 3. T	IME OF DEATH
Emma		Dull		Sep				1:55P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	MOI	UNDER 1 YEAR IF UNDER 24 H NTHS DAYS HOURS MI	IN. (Moi	e of BIRTN nth, Day, Year) of 28 1	906	Mary	E (State or Foreign
9s. FACILITY NAME (If not institution,			. CITY, TOWN OR LOCATION C		DC 20 1		Y OF OEATH	Taria
Anne Arundel A	Anne Arundel Medical Center Annapolis Anne Aru							
10a. STATE 10b. Co		10c. CITY, TO	OWN OR LOCATION				10d.	INSIDE CITY LIMITS?
MD A	Anne Arundel		Annapolis			10a CITIZE	1 ()	YES 2 NO
1006 President	Street B-2		21403	3		log. GITIZE	USA	COONTATT
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HI	SPANIC ORIG		or No — 14	. RACE — A	merican Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA		If yes, specify Cuban, M 1 YES 2 NO S		o Rican, etc.)		Specify:	White
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S USL	done during most of working	16	Bb. KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Cashie	tired.)		Ba	akerv		
17, FATNER'S NAME (First, Middle, Las	00	Guorrio		S NAME (First	, Middle, Malden			
Julian Eugene	Rudiger				Blondell			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number or R	tural Route Nu	mber, City or Town	, State, Zip Co	ode)	
Sally Hopkins		205 W	oods Drive A	nnapo	lis, Mar	yland	21403	}
20a METNOD OF DISPOSITION Comparison 2 Comments 3 C 4 Connection 5 Cother (Specify)	Ramoval from State 20b.	PLACE AND DATE OF DI elery, cumpetory or other Language		0/19/94		napoli		
TI. SIGNATURE OF FUNERAL SERVE	Dry L		22. NAME AND ADORESS O					
23. PART I. Enter the diseases shock, or heart fell	, or complications that caused ure. Liet only one ceuse on ea	tha death. Do not o	enter tha mode of dying,	such es ce	rdiec or respi	ratory arres	it,	Approximata
IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Acut		wheel Inf	are &	tur.			Onset and Deat
resulting in daarin)	DUE TO (OR AS A	CONSEQUENCE OF):	1 1	,			-	I PIGO I
Sequantially list conditions,	b. Que TO (OR AS A	CONSEQUENCE OF):	, ray 130	~				
If any, leading to immediate cause, Enter UNDERLYING								
CAUSE (Disease or Injury thet Initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
70002	d							
PART II. Other eignificent cond	litions contributing to death be	it not resulting in th	he underlying cause give	n in Part i.	24a. WAS AN			E AUTOPSY FINDINGS
					1 _ YES 2		COM	PLETION OF CAUSE
							11156	YES 2 NO
DID TOBACCO USE CO	NTRIBUTE TO CAUSE OF			TAIN 🗆				
EXAMINER?	HOSPITAL:		THER:					
27. MANNER OF DEATN	1 ☐ Inpetient ▼ ER/Output 28e. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 Reside		ter (Specify) ESCRIBE NOW IN	LINEY OCCUR	PED	
Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO					
2 Accident Investigat 3 Suicide 8 Could no	28a. PLACE OF INJURY	At home, farm, stree	t, factory, offica		CATION (Street a	nd Number or	Rural Route I	Yumber,
4 Homicide determin		***		Cir	y or Town, State)			
	PNYSICIAN: To the best of my knowled MINER: On the bests of examination							
29b. SIGNATURE AND TITLE OF CER		The state of the s			and prece, and			
FOLK			29c. LICENSE	8158			otembe	_{th, Day, Year)} er 15 199
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Prin				ОСР	COMB	10 198
Lisa A. DiMarzi	o, M.D. 1833 F	orest Dri	ve Annapolis	, Mar	yland 2	1401		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA				-			-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FUNERAL

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED.

COMPL

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Edward H. Doherty , Sr. ocptomber 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DAYE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 🔀 M 2 🗌 F MONTHS DAYS **HOURS** 160 - 14 - 6335VRS 1919 Pennsylvania November 4 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Hospital of Cecil County **Elkton** Cecil RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Ceci1 E1kton 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10 Whitehall Circle 21921 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried It yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced Korea 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Maintena<u>nce Supervisor</u> 1 Pharmaceutical Corp 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Samuel B. Doherty BE Emily Mae Raech 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret E. Carey 10 Whitehall Circle, Elkton, MD 21921 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ☒ Cremetion 3 □ Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cremation Specialists 4 Donation 5 Other (Specify) 9/17/94 Media, Pennsylvania FUNEBAL BERVICE LIS 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street, North East, MD 21901 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cardiec or respiratory erreet, Approximate shock, or heart fellure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) pyema DUE TO (OF AS A CO VISEQUENCE OF) DICEMINO Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE DE) thet initieted evente resulting in death) LAST PART II. Other eignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)

HOSPITAL:

28e. DATE OF INJURY (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

3 Suicide 8 Could get be 28t. LOCATION (Street and Number or Rural Rout	
S Gould not be determined building, etc. (Specify) State Specify State	te Number,

29e, CERTIFIER SERTIEVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

TIME OF

OTHER:

M

2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and me 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

28c. INJURY AT WORK?

1 YES 2 NO

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)

m

31. DATE FILED (Month, Day, Year) SEP 1 9 '94

1 YES 2 NO

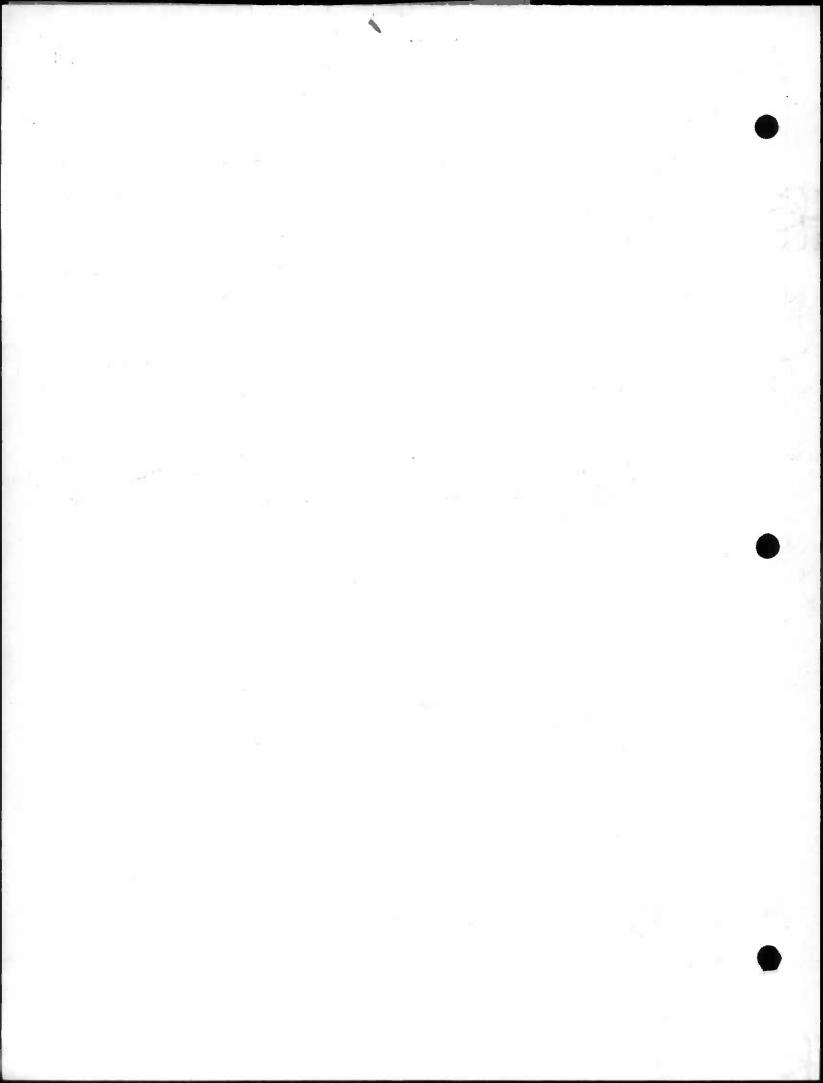
5 Pending

27. MANNER OF DEATH

Netural

32. BEGISTRAR'S CHONATURES

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIME OF MI	CER			F DEATH	D MIE	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH
	MYRL S. E	VANS					SE	PTEMBER	12.	1994	0102AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last bin	thday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7.	DATE OF BIRTH	12,	8. BIRTHP	LACE (State or Foreign
	705-12-5655	1 🕅 M 2 🗌 F	82	YAS.	MONTHS DAYS	HOURS MI	**	(Month, Day, Year)	222	Country)	
	9a. FACILITY NAME (If not institution, give str	eet and number)	02	-	9h CITY TOW	OR LOCATION O			912	INTY OF DE	WV
DIRECTOR	Allegany Co. Nurs	,			CUMBER		OLAII.	· 		EGANY	
S	10e. STATE 10b. COUNTY		10	Oc. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
E	MD Alleo	rany		Cym	berlan	a				1	LIMITS?
	10e. STREET AND NUMBER	quily		Cui		101. ZIP CODE			10g. CI		AT COUNTRY?
FUNERAL	Old Towne Manor A	Apts.				21502			US	A	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED)		ECENDENT OF HIS		ORIGIN? (Specify Yes		14. RACE	- American Indien,
BY F	1 Never Merried 2 1 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO			specify Cuben, Me ES 2 X NO Sc	xicen, Proceedity:	uerto Rican, etc.)		Specify	white, etc.
	15. DECEDENT'S EDUC				USUAL OCCUPA			16b. KIND OF BUS	SINESS/IN		11100
	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give k	NOT us	rork done during e retired.)	most of working					
립	12		Ret	ire	d Engir	eer		Railro	oad		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					7	NAME ((First, Middle, Malden			
	Martin R. Evan	C						Arbogast)	,		
BE (19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS (Street			Number, City or Town	n, State, Zi	ip Code)	
임	Louise A. Evans							Cumberlar			L502
	20e. METHOD OF DISPOSITION		20b. PLACE AND				• /			City or Tow	
	1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Remo 4 ☐ Donetion 5 ☐ Other (Specify)	val from State	Sunset	Mot	her place)	Dark	C			land,	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Durbet	1101		AND ADDRESS OF					
	Danas 7	X/Ca	1/100	1		pelli F erland.		ral Home			
	23. PART I. Enter the diseeees, or cr	omplications that	used the deeth	. Do n	ot enter the r	node of dying,	such e	a cardlec or reepi	ratory a	reet,	Approximete
	Interval Between IMMEDIATE CAUSE (Final Onset and Desth										
- 1											
	resulting in death) a. Comman Atta Disease Due to (or as a consequence of):										
-					, (į
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (O	R AS A CONSEQUE	NCE OF):						
CAT	ceuse. Enter UNDERLYING										
Ē	CAUSE (Diseese or Injury that Initiated events	DUE TO (O	R AS A CONSEQUE	NCE OF):						
F	resulting in deeth) LAST										
	Pure II on a later and a later										
MEDICAL	PART II. Other significant conditions	contributing to de	eeth but not reeu	liting i	n the underly	ing cause given	in Par	1 i. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	COMP								COMPLETION OF CAUSE OF DEATH?		
ME	t 🗆 YES 2 🖹 NO										YES 2 NO
ä	DID TOBACCO USE (CONTRIBUTE	TO CAUSE	OF	DEATH	YES	NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	26. OTHER:	PLACE OF DEATH	(Check o	only one)			
1SI	1 YES 2 NO	1 Inpellent 2 E	R/Outpatient 3 🗆 I	DOA		ome 5 🗆 Residen	ice 6	Other (Specify)			
F	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		Bb. TIME	E OF 28c.	NJURY AT VORK?	28-	d. DESCRIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		· ·			YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF I	NJURY — At home,	ferm, a	treet, factory, o	fice	28	f. LOCATION (Street a City or Town, State)	nd Numbe	or Rural Ro	ute Number,
핃	4 Homicide determined		at (opcony)					City or lown, State)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of m	v knowledge death	occum	d at the time d	tte and place, and	due to t	he councils) and man		ato d	
Ž											end manner ee stated.
8	29b. SIGNATURE AND TUDE OF CERTIFIER										
8	Paris STURMS THE AND STURMS OF CENTIFIER	1				29c. LICENSE	NUMBE	Fl	29d. DA	TE SIGNED (Month, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON WHO	dotter	OF DEATH STORY	D (F	D-l-a	1 214	86	5		9-1-	5-94
		-			,	DENITE C	TIME	EDIVNU Z	m '	21502	
	ROBUSTIANO J. BAR				VIAL A	ENUE, C	OLID	ERLAND, N	ш 4	-1.702	
		A A A	s signature	4							
	SEP 1 5 1994										

BALTIMORE, MARYLAND 21215 0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

700 E 124

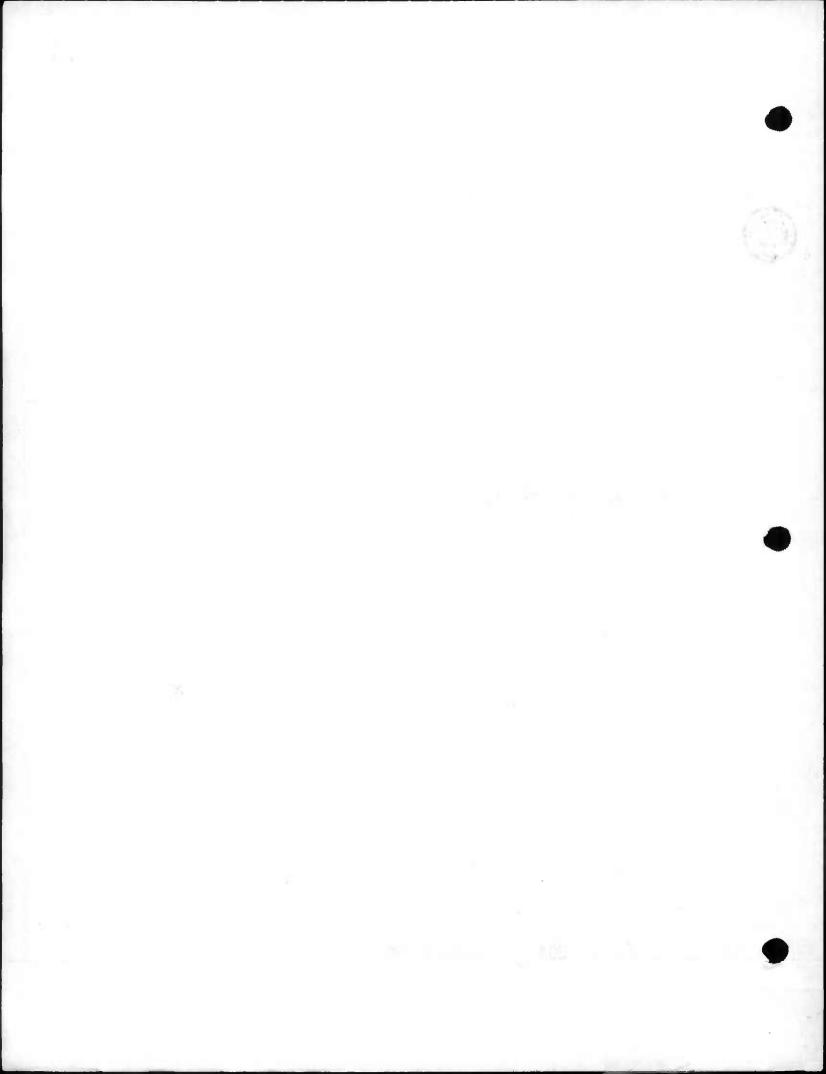
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician:	nours after death. Page 6 may be retained by the hospital or attending physician:
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-transit property or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3. TIME OF DEATH
1 1	Ruth Estelle Eas	terlina				Sept	13	1994	12:20A M
	4. SOCIAL SECURITY NUMBER 5. SEX		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
1 8	578-18-2111	¹²≅F 73	YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	10 192	Coun	rginia
1	9a. FACILITY NAME (If not institution, give street and			9b. CITY, TOWN	OR LOCATION OF			9c. COUNTY OF	
<u>«</u>							- 1	12 3001 11	
18	Anne Arundel Medical	Center		<u> </u>	napolis			Anne	Arundel
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	TION				10d. INSIDE CITY
ä	MD Anne Aru	ındel		Annapo	lis				LIMITS?
4	10+. STREET AND NUMBER				Of. ZIP CODE		1	10g. CITIZEN OF	WHAT COUNTRY?
EB	1603 Pincay Court				21401			1.1	SA
FUNERAL	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN	U.S. ARMED	13. WAS D	CENDENT OF HIS	PANIC ORIGIN? (S	specify Yes or	r No- 14. RAC	E American Indian.
	I F V	RCES? 1 TYES		If yes,	pecify Cuban, Max S 2 NO Spe	Ican, Puerto Rica	in, etc.)	Blac	ck, White, etc.
ВУ	3 🖎 Widowed 4 🗌 Divorced								^{c//y:} White
딢	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d)	16a. DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b. KII	ND OF BUSIN	ESS/INDUSTRY	
	Elementary/Secondary (0-12) Colleg	e (1-4 or 5+)	ille. Do NOT us	se retired.)	out or worlding				
N N	12		Bookl	keeper			Bookk	keeping	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Midd	lle, Maiden Sur	imame)	
BE	Joseph Windley					elle Eva			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rur	al Route Number,	City or Town, S	State, Zip Code)	
-	Jennielle Maldonado		160	3 Pinca	y Court	Annap	olis, M	/laryland	21401
	29. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal from	20b.	PLACE AND DATE	OF DISPOSITION (lame of	DATE	20c. LOCAT	ITION — City or T	Town, State
	4 Donation 5 Other (Specify)	Ft	Lincoln	n Cemet	ery 9/	16/94	Brei	ntwood.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ALC: NO.	22. NAME	ND ADDRESS OF	FACILITY JOH	in M.	Taylor	Funeral Home
	Saine & PA	Pins		147	Duke of	Glouces	ster St	t. Annai	polis, MD
	23. PART I. Enter the diseases, or complica		the death. Do a						
	shock, or heart fallure. Liet only	y Dna cause Dn as	nch lina.	not officer the fi	oue or cynig, a	out as cardiac	Di Tespirat	ibiy airest,	Approximate interval Between
1 1	iMMEDIATE CAUSE (Finel disease or condition	1 Yran	HOMB	-					Driset and Death
	resulting in death) - e		CONSEQUENCE O						
_		202 10 (011 102 1	OUNDEDUCTION OF						
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	F):					
¥	if any, leading to Immediata cause. Enter UNDERLYING								ĺ
프	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					
분	reaulting in death) LAST								
빙									
DICAL	PART ii. Other algnificent conditiona contri	buting to death be	ut not reaulting	in the underlyi	ng ceuse given	in Pert I. 24	e. WAS AN AU		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
임임						1	□ YES 2	NO	COMPLETION OF CAUSE OF DEATH?
WE									1 TES 2 NO
ż									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Check only one)			
Sic	. /	PITAL: etlent 2 - ER/Outp	atient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residenc	a 8 🗆 Other (S)	pecify)		
美	27. MANNER OF DEATH 28	Month, Day, Year)	28b. TIM	E OF 28c. If	JURY AT ORK?			URY OCCURED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(month, ody, rear)	in,		YES 2 NO				
	a	e. PLACE OF INJURY building, etc. (Speci	- At home, term,	street, factory, off	Ca			Number or Rural	Route Number,
TED	4 Homicide determined	building, acc. (Space	nyj			City or it	own, State)		
COMPLET	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To	the heat of my knowi	edge deeth occurs	ad at the time, de	e and place, and d	us to the enused	a) and manne		
N N	(Check only one) 2 MEDICAL EXAMINER: On the								(a) and manner as stated.
	29b. SIGNATURE AND JITLE OF CERTIFIER	2							
BE	410 V) 11 10/1	1 6			29c. LICENSE N	OMBER	2	9 7 7	D (Month, Pay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DE	TH (ITEM 27 /	(Perinet)		0 / / 0		1//0)(/ /
	D(11 A	+ K	(IIEM 27) (Mpe	15/	0001	1.4.0	mA		MO
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGN	TUDE	SUSA	4 400	ull 3	WHW	int boili	11102140
	SEP 1 6 1994	HEGISTHAR'S SIGN		,					′
	DEPT 6 1994	Silia diliniti	JOS Wardel						

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B.K.S

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-716 10/11/94 t.t

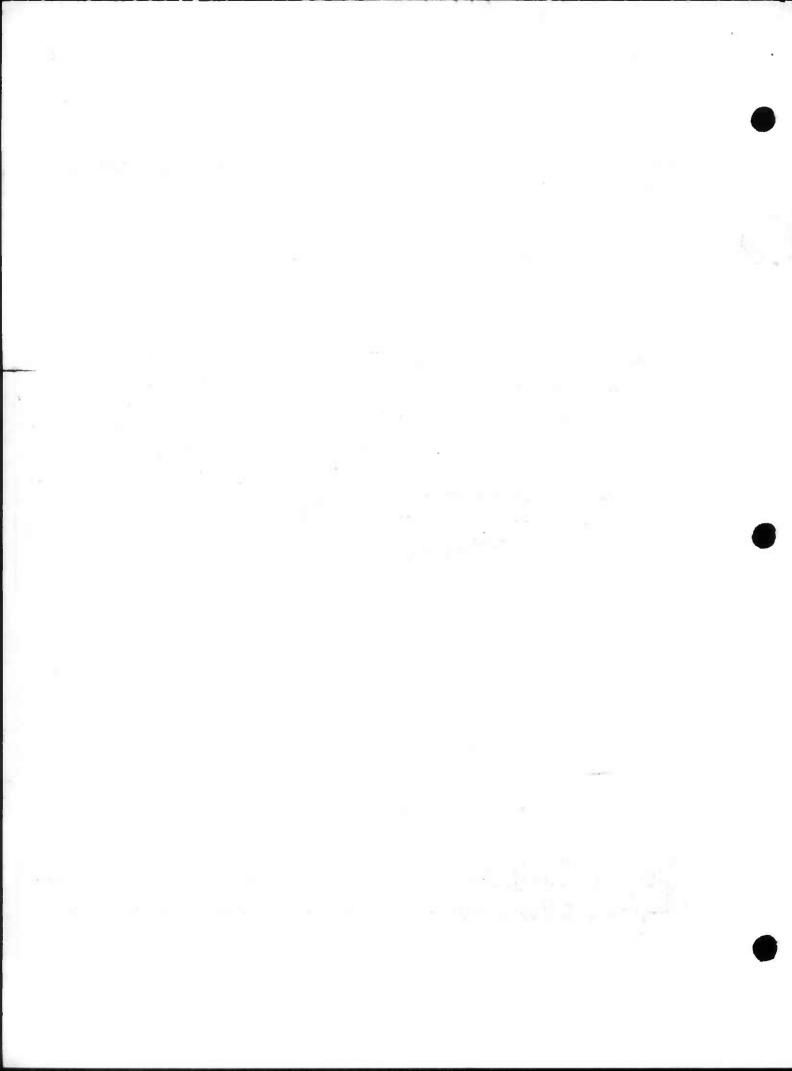
28417

	1 - STATE REGISTRAR	SIMIE UF M	CE				DEATH	MEN	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last) DAVID	ALLEN	F	EVER	ETT			M	DATE OF DEATH		YEAR 94	3. TIME OF DEATH	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS	7. D	ATE OF BIRTH		8. BIRTH	IPLACE (State or Fore	
	218-70-3756	1 M 2 □ F	36	YRS.	MONTHS	DAYS	HOURS MIN.	MIN. (Month, Day, Year)		Country)		y) cyland	
~	9e. FACILITY NAME (If not institution, give :					R LOCATION OF		77.	9c. COUNTY OF OEATH				
Ď.	UNION HOSPITA	CIL CO.		EL	KTO	N			C	ECII			
DIRECTOR	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN O	R LOCAT	TON					10d. INSIDE CITY		
	Maryland Ceci	1		E11	kton					LIMITS?	10		
PA	100. STREET AND NUMBER 237 Hollingswort				100	ZIP CODE	10g. CITIZEN OF				VHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	EVER IN U.S. AR	MED	42.9		21921			U.S.A.				
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 TO N	YES 2 NO If yes, specify Cubi			cify Cuban, Mexi	cen, Pue		or No-	14. RACE Black Speci		١,
	15. DECEDENT'S EDU	ICATION	16e, DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b. KIND OF BUS	SINESS/INI	DUSTRY	White	
E	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+	(GI	(Give kind of work done during most of working life. Do NOT use retired.)									
COMPLETED	12		Can	rpent	ter				Const	ructi	ion		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S I		irst, Middle, Maiden				
BE	Ira M. Ev	erett	Tan			(0)			ry Bell		_		
임	Cheryl L. Everet	t							Number, City or Town			0.01	
	20a, METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Rem		20b. PLACE A	ND DATE	OF DISPOSI	TION/No.			DATE 20c. LO				
1	1 N Buriel 2 U Cremation 3 □ Rem 4 □ Donetion 5 □ Other (Specify)	ioval from State	EIKto	natory or o	ther place)	ry		19	-20 994 E1ki	ton.	Marv	land	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE			22H	TCK'S	P ADDRESS OF	ENCILITY O'L	Funerals	s, P.	Α.		
	Donard	نله ک	ucks)		10	03 W	lest Sto	ockt	on Street 21-5521	et			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) NARCOTIC AND ALCOHOL INTOXICATION DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Bate Onset and I	ween		
CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PERFORMEO? AM TYES 2 NO OF									WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	USE		
Ä	25. WAS CASE REFERRED TO MEDICAL				TH (Check or		UNCERTA	114	-				\dashv
Sic	EXAMINER? XXYES 2 \(\text{NO} \)	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:		5 🗆 Raeldence	6 🗆 (Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. OATE OF I (Month, Day		FOUN	E OF :	28c. INJU	JRY AT	-	OESCRIBE HOW II	NJURY OC	CUREO	-	
B	1 Natural Bending 2 Accident Investigation	FOUND: 9		APPRO	X . HW	1 🗌 Y	ES 2 NO	U	INKNOWN				
	3 Suicide 4 Homicide 8 XIXCould not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) FOUND: 144 HOLL INGSWORTH MANOR 28t. LOCATION (Street and Number City or Town, State) ELKTON, MARYLAND								or Rural A	oute Number,			
COMPLETED	296. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE											end menner ee stat	ed.
띪	296 SIGNATURE AND TITLE OF CERTIFIER	elfall	,				O.C.1				E SIGNEO	(Month, Day, Year) 17,19	94
2	30. NAME AND AGORESS OF PERSON WH MARLA CHA A. I					reet	, Bal	tim	ore, Ma	aryl	and		
	31. DATE FILEO (Month, Day, Year) SEP 2 9 1994	32. REGISTRAR	_										

BALTIMORE, MARYLAND 21215-002 ours after death. Page 6 may be retained by the hospital or atternia TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use and be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATN **JOHN** M. FRAZIER SEPT 1648 Рм 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 📈 M 2 🗌 F YRS. 218-54-2415 42 Oct 2, Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OFATN SUBURBAN HOSPITAL E.R. BETHESDA DIRECTOR MONTGOMERY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Westminster Maryland Carrol1 1 YES 24 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1305 Greenway Court 21157 United States Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 24 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Maxican, Puarto Ri
1 ☐ YES 2 本 NO Specify: 1 Never Married 2 N Married IF YES, GIVE WAR OR OATES BY Specify: 3 Widowed 4 Divorced use as the White ETED 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INQUSTRY Jo Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Account Executive funeral director, page 5 should be detached Transpotation once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Brice Frazier notified at Mary Lydia Tormey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Valeria H. Frazier 1305 Greenway Court Westminster MD 21157 þe 20a, METNOO OF OISPOSITION
1 Parish 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must metery, crematory or other place) Lakeview Cemetery 4 Donation 5 Other (Specify) 9 - 13Sykesville, MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc ours after death. Har 4112 Old Columbia Pike Ellicott City21043 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallura. List only one cause of each line. Interval Between IMMEDIATE CAUSE (Final) **Onaet and Death** disease or condition Multiple Injurie event, resulting in death) executed withi or other traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediata cause. Enter UNDERLYING the death certificate be CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 XES 2 NO OF GEATH? YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN HOSPITAL DR AFTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) item HOSPITAL OTHER: XX YES 2 - NO Inpatient XX ER/Outpatient 3 - DOA 10 4 - Nursing Nome 5 - Residence 8 Other (Specify) 27. MANNER OF GEATH 28a. OATE OF INJURY (Month, Day, Year) 9-9-94 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M motor vehicle 1546 1 YES 2 NO accident BY 2 Accident
3 Suicide 28t. LOCATION (Street and Number or Rural Route Number. City or Town, State) PCF 49-5 and 9.5 28a. PLACE OF INJURY — building, etc. (Specify) At home, farm, street, tectory, office 100 COMPLETED 8 Could not be Street 4 Homicide 28 item 1 _ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: It is 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE bute us O.C.M.E ▶ SEPT. 10,1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATN (ITEM 27) (Types Print)

Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day, Year)

CFP 1 2 1994 0 REGISTRAR'S SIGNATURE

White division landall

1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	ALE UF MAKT	CERTIF				MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)			FREC	ERIC	<	2. DATE OF DEAT MONTH SEPTEM	H	YEAR 5, 1994	TIME OF DEATN 2250 M	
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGI	E (In yrs. lest birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign	
	592-01-8668 1 % 9a. FACILITY NAME (If not institution, give street er		33 YRS.	9ь. СІТҮ, ТО	WN OR LOCATI	ON OF DE	1)-04-		YORT O		
TOR	PENINSULA REGIONAL	ICOMIC	0								
DIRECTOR	10s. STATE 10b. COUNTY	10	Od. INSIDE CITY								
	MD SOME	rse 1	IR	ncess	101. ZIP COD			10a, CI		YES 2 X NO	
FUNERAL		ISland -	RP		218.	53	_		A/A		
В	1 Never Married 2 M Married F	MAS DECEDENT EVER ORCES? 1 1 YES FYES, GIVE WAR OR	S 2 X NO	If ye	DECENDENT On specify Cubs	n, Maxica	IIC ORIGIN? (Specifin, Puarto Rican, atc	y Yea or No—	14. RACE — Black, V Specify:	- American Indian, White, atc.	
COMPLETED	(Specify only highest grade complete the complete that the complet		life. Do NOT us	work done durin	g most of worki	ng	The second	BUSINESS/IN		,,,	
BE COM		ER:CK		Bore	18. MOT	HER'S NA	ME (First, Middle, Ma				
2	199 INFORMANT'S NAME (TYPO/PRINI) REDECA FREDER	ick	P.O. Box	AOORESS (St	SAIS	_ 1	ND RD.	Rinces	Λ	ND. 21853	
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)	2	Ob. PLACE AND DATE	thet place)	N(Name of			LOCATION -	- City or Town		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	///		22. NAN	Tony &	SS OF FA	ARD HUM	gral H	OME		
	23. PART Enter the diseases, or complehock, or heart fallure. Liet of	ications that caus	ed the deeth. Do i			ing, auci	ea cerdlec or r	eaplratory e	rreet,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)										
Z	DUE TO (OR AS A CONSEQUENCE OF): ACRURED IMMIN & DEFIGENCY SYNDROME										
ATIO	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):							
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL C	PERFORMED? AN									TERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
A: ME							-		1	YES 2 NO	
ICIA		SPITAL:		OTHER:	8. PLACE OF D	EATN (Ch	ack only one)				
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year,	Y 28b. TIM	IE OF 280	. INJURY AT WORK?	NO	8 Other (Specify) 28d. DESCRIBE H	OW INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, pecify)				281. LOCATION (St City or Town, S	reet and Numbi itete)	er or Rurai Rou	ite Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On									nd manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER OLIVEN		10		29c. LIC	HO	G(29d. DA	TE SIGNED (M	Aonth, Dey, Year)	
		NB) 540	RIVERSIDE		Smt	E 4	SALISA	Bury	MD 2	11801	
	SEP1 9 1994 July	32 REGISTRAR'S SIC	SNATURE								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

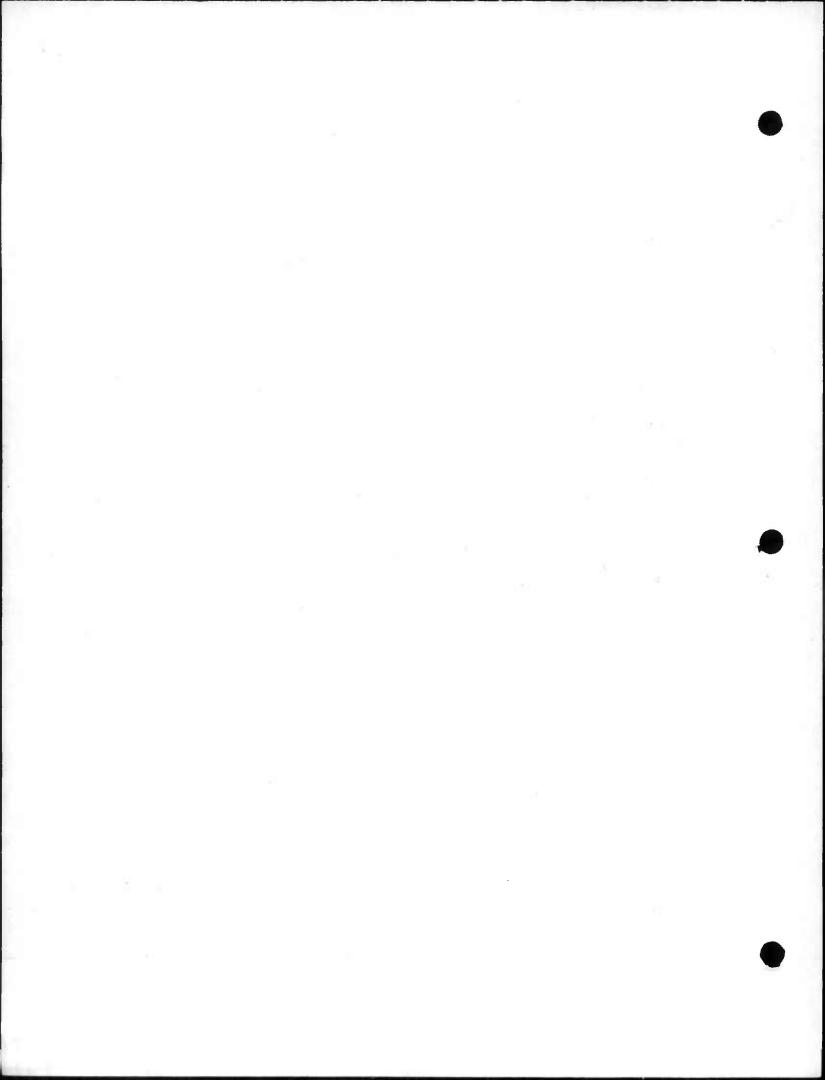
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

formation was paper by

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTING			ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		OLINIA 10	AIL OI		2. DATE OF DEATH		3. TIME OF DEATH		
	James He	nry Adam I	isher			09 20	94	10:40 p.m#		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	F UNDER 1 YEAR	1	ADATE OF BIRTH	HPLACE (State or Foreign			
	212-14-7022	12-14-7022 1 M 2 F 94 YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year) Jan. 23.1900								
_	9a. FACILITY NAME (If not institution, give s		9(b. CITY, TOWN C	R LOCATION OF DEAT		9c. COUNTY OF			
6	Avalon Manor Hom	e, Inc.		Hagers	town		Washir	ngton		
DIRECTOR	10a. STATE 10b. COUNTY	7	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY		
PE	Marylnad Washi	Ington	Hage	erstow	'n		LIMITS?			
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	12 S. Walnut 1	_ane			21740		U.S.A.			
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC scity Cuben, Mexican, I	ORIGIN? (Specify Yes	or No- 14. RAC Blac	RACE — American Indian, Black, White, atc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ESA		NO Specify:	Specify: BLACK				
8	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b. KIND OF BUS	I DL	ACK		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use re	k done during mo etired.)	st of working					
MP	8		Carman			B&O Ra	ailroad			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5.	1			(First, Middle, Maiden	,			
BE	Galvernon	F1	sher			. Harper				
6	190. INFORMANT'S NAME (Type/Print) James W. Fisher				nd Number or Rural Rou			/ 0		
	20a. METHOD OF DISPOSITION				re. Hage					
- 1	1√ Buriel 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State 200.F	PLACEAND DATE OF I lery, crematory or other . MOTIAN	piace L	me of	9/24 Wa	CATION — City or To			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. MOLLAN		D ADDRESS OF FACIL		SH.CO.	MG.		
	(bredC. G.	> /		John	T.Willi	ams Fune	eral Ho	me		
\dashv	23. PART i. Enter tha diseases, or o		the death. Do not	1100 F	etersvi	lle Rd.	Brunswi	ck_Md_2171		
	shock, or heert feilure.	List only one cause on eac	ch ilna.	onter the mo	ua or uying, such t	se cerdiec or respi	ratory errest,	Approximete Interval Batween		
	iMMEDIATE CAUSE (Finel disease or condition		Cont	,				Onset and Death		
1	resulting in death)	DUE TO (OR AS A (Sept.					1 22		
Z	mines Treat Injustice									
TIO	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):		0					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	Canada	me	cecres			1 mart		
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OH AS A C	ONSECUENCE OF):					į l		
SE		3								
¥	PART II. Other significant condition	s contributing to deeth bu	t not resulting in t	the underlying	ceuse given in Pa	ert I. 24a. WAS AN PERFOR	*******	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ĕ	Anterio relecti	milet Bristel	mall	Litter		_ 1 _ YES 2	AND I	OF DEATH?		
ME	Anteno nellect	c Condison	gent D	minen		-1		1 NO NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			20 01	ACE OF DEATH (Check					
SICI	EXAMINER? 1 YES 2 Z-NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		THEB:						
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	5 Residence 8 URY AT 2	8d. DESCRIBE HOW I	NJURY OCCURED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? 'ES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY - building, etc. (Specif)	- At home, farm, stre	et, factory, office	2	8f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
E	4 Homicide determined	John Market (open)				Oily or lown, State)				
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	dge, death occurred a	it the time, date	and place, and due to	the cause(a) and mar	nner as stated.			
NO.		R: On the basis of examination						s) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE	R	29d. DATE SIGNED	D (Month, Day, Year)		
10 B	r tools				018019		▶ 9.2	294		
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	int)						
	VASAWT DAT-			2 57	MALER	120W-7	M02	1240		
	31. DATE FILED (Month, Day, Year) SEP 2 3 1994	32. REGISTRAR'S SIGNAT	TURE ANGELL							
	OF1 % 0 1334	/								



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAI	RTMENT OF I	HEALTH AND								
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE OF	DEAIN	REG. NO	0.	3. TIME OF DEATH					
		Giddings				MONTH	YEAR						
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Septembe		1994 10:00A					
2	053-07-8880	1 □ M 2 🖄 F	74 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 26.	1900	l. BIRTHPLACE (State or Foreign Country)					
TOR	96. FACILITY NAME (If not institution, give alreat and number) Alice Byrd Tawes Nursing Home PESIDENCE OF DECEDENT 96. COUNTY OF DEATH 96. COUNTY OF DEATH Somerset Somerset												
DIRECTOR	108. STATE 108. COUNTY 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100.												
FUNERAL	100. STREET AND NUMBER	IN. ZIP CODE											
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	ANIC ORIGIN? (Specify Yea or No										
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF B	JSINESS/INDUS	STRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	, ,	work done during maps retired.)	ost of working	SKA	mstr	J C 5					
M	17. FATHER'S NAME (First, Middle, Last)	0111	7-7-6	UIICI	18. MOTHER;S NA		· (-)						
	Lorenzo	and down			Fliz	nhi-TT	Surremen						
BE	19a. INFORMANT'S NAME (Type/Print)	2 Tugichs	10h MAIL INC	Annaess (Street	and Number or Rumi	Route Number, City or To		NES					
2	JEANNETTA G. WIKINS 116 CHESABEAKE AUE. Cristield Md												
	1 X Burlat 2 Cremation 3 Removal from State Complete Specify Commence Co												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	MILL FE		ND ADDRESS OF FA	ACILITY	17110	n'III					
	A II	110)	7111	0 . 54	PIE	Ims	. 21817					
	22 DATT February discussion	6 way	2	1919	ove, 11								
	23. PART f. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between												
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Attractal attracta												
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
CE	DATT II Other desidence on distant												
X	PART ii. Other significant condition	a contributing to death i	out not reauting	in the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
EDICA						1 _ YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?					
¥								1 TYES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001111			LACE OF GEATH (Ch	eck only one)							
S	1 YES 2 THO	HOSPITAL: 1 topatient 2 ER/Out	petient 3 🗆 DOA	OTHER	te 5 🗆 Rasidence	8 Other (Specify)							
/ PHY	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF tNJURY (Month, Day, Year)	28d. DESCRIBE HOW	INJURY OCCUI	RED								
red BY	2 Accident Investigation 3 Suicide 5 Could not be datermined		t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
MPLET		CIAN: To the best of my know											
CO	MEDICAL EXAMINE	R: On the beals of examination	n and/or investigation	on, in my opinion, d	leath occured at the	time, data and place, a	nd due to the o	cause(s) and manner as stated.					
w	291. SIGNATURE AND TITLE OF CERTIFIES	1101	7	41	29c. NCENSE NUI	MBER ///	29d. DATE S	IGNED (Month, Day, Mear)					
0 18	Jaun M.	Kuli	7/1	11)	0100	8/4	1 9	112/94					
	20 NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATM STEM AT /The	Deider	1	7	1						

SEP1 4.1994 Jalia dheedign Rardall

Service 1891 Block of the short webs

THE STATE OF

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
e, Lest)		2. DATE OF DEATH

	1 - STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR	TMENT	OF H	EALTH AND) ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Mi								2.	DATE OF DEATH		190.00	3. TIME OF DEATN	
			Glotfe1	ty						ept. 10,		YEAR	2:00 A M	
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2						. 7.	DATE OF BIRTN (Month, Day, Year)			PLACE (State or Foreign	
	218-12-5026		1 ½0 M 2 ☐ F /O YRS.						M	ar. 8, 19	924	Mary		
_	9a. FACILITY NAME (If not institu	ution, give stree	et and number)			9b. CITY	TOWN O	R LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
0	Mosser Road McHenry										Gar	rett		
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							ION					10d. INSIDE CITY	
뜸	Maryland (Garret	t			enry						- 1	LIMITS?	
	10e. STREET AND NUMBER				1 2011			ZIP CODE			10a CITI	ZEN OF W	1 YES 2 NO	
FUNERAL	Mosser Road	(P.O). Box 2	5)				21541				TIZEN OF WHAT COUNTRY?		
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF		13.			ANIC C	RIGIN? (Specify Yea	USA or No.	14 BACE	— American Indian.	
BY F	1 Never Married 2 Ma		FORCES? 1 IF YES, GIVE W	YES 2 3	NO		f yes, spe	cify Cuban, Mex 2 57 NO Spe	lcan, Pi	verto Rican, etc.)		Bleck	, Whita, atc.	
	3 Widowed 4 Divorces	ď						z Mino obo	ony.			Specifi Wh:	ite	
COMPLETED	15. DECEDE (Specify only hig	ENT'S EDUCAT	TION Impleted)	/6	ECEDENT'S	vork done i	CCUPATIO	N. It of working		16b. KIND OF BUS	INESS/IND	USTRY		
F	Elementary/Secondary (0-12)		College (1-4 or 5+	,	. Do NOT us	1490								
M	12 th 17. FATNER'S NAME (First, Middle)			Owne	er/op	erat	or			Ranch/Ca	mpara	ound		
S	Hiram Glotfe									First, Middle, Maiden				
BE	19a. INFORMANT'S NAME (Type/	-		1						lotfelty				
임	Helen A. Glot			19 ID	b. MAILING	ADORESS	(Street an	d Number or Run	al Route	Number, City or Town	n, State, Zip	Code)		
	20a. METHOO OF DISPOSITION							Henry,	MIL					
	12 Buriel 2 Cremation 4 Donation 5 Other (Spi	3 Ramova	al from Stata	20b. PLACE cemetery, cre	matory or of	her place)			1		CATION —			
	21. SIGNATURE OF FUNERAL S		SEE	Garret	t Co			al Gard		9-12 0	ak1.ar	nd, M	D	
	* 8 X	1	S							omes, P.	λ			
	- 00 cyg	mar 1	The state of the s	naw		70	55 Ma	nin St	C	rantevil'	10 1	m 2	1536	
	23. PART I. Enter the disease shock, or heart	eses, pr cor t fallure. Lis	mplicetions that at only one caus	ceused the de	eth. Do n	ot enter	the mod	le of dylng, so	ich ss	cerdiec or respir	ratory sri	est,	Approximate	
	IMMEDIATE CAUSE (Finel												Interval Between Onset end Death	
	disease or condition resulting in death)	. Met	astatic										years	
			DUE TO	OR AS A CONSE	OVENCE OF):								
8	Sequentially list conditions		DHE TO	OR AS A CONSE			_							
A	If any, leading to immediate cause. Enter UNDERLYING		505 10 1	OH AS A CONSE	DUENCE OF):								
윤	CAUSE (Disesse or Injury that Initiated events	6.	DUE TO	OR AS A CONSE	DUENCE OF):							-	
CERTIFICATION	resulting in death) LAST													
	PART II Other electrices to												1	
¥	PART II. Other significant of	COnditions	contributing to	deeth but not r	esulting !	n the un	derlying	cause given i	n Part	I. 24a. WAS AN A PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă										1 TES 2			COMPLETION OF CAUSE OF DEATH?	
×													1 YES 2 NO	
Z	-													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO ME EXAMINER?	H	IOSPITAL:			OTHER		CE OF DEATH (check o	nly one)				
IYS	1 YES 2 NO	1	Inpatient 2		1	4 🗆 Nurs	ing Nome	5 Residence	8 🗆	Other (Specify)				
	1 Matural 5 Pers	dina	28a. DATE OF I (Month, Da		28b. TIME INJ		28c. INJU WOR	K?	28d	. DESCRIBE NOW IN	JURY OCC	URED		
à l	2 Accident Inve	atigation	20- 01 405 05	TAL METERS	<u></u>	М		S 2 NO	\perp					
	3 Suicide 6 Coul 4 Nomicide dete	ld not be rmined	building, a	INJURY — At ho itc. (Specify)	me, tarm, s	treet, facto	ery, office		281.	City or Town, State)	nd Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER													
M M	(Check only	NG PHYSICIA	N: To the best of r	ny knowledge, da	eth occurre	d at the ti	me, data a	nd pleca, and de	e to th	e cause(a) and men	ner ee state	ed.		
8			On the basis of ex	imination and/or i	rivestigation	n, In my of	olnion, de	nth occured at th	e Ilme,	date end place, end	due to the	n cause(e)	and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF	1 I V						29c. LICENSE N	JMBER	7	29d. DAT	SIGNED ((Month, Day, Year)	
2			m					1212	53		10	1/12	194	
	30. NAME AND ADDRESS OF PE						_	11 1		01550				
-	Thomas G. Jo			311 N.	rourt	n St	. 0a	kland,	MD	21550				
	SEP 1 4 1994	1 fe	32 REGISTRAN	Rendell										

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIEN	E		
- 5	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Thomas	Henry	Griffin	,		A119 . 28	1 994	3:00 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	UNDER 1 YEAR	6. BIR	THPLACE (State or Foreign			
	216-32-4231 9a. FACILITY NAME (If not institution, give stre	1 M 2 ☐ F 61	9c. COUNTY OF	MD					
DIRECTOR		lospital		EAST	N LOCATION OF DE		TAL		
Æ	10a. STATE 10b. COUNTY							10d. INSIDE CITY	
	MD CARO	LINE	F	EDERAI	DSBURG			1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			100	ZIP CODE	<u> </u>		WHAT COUNTRY?	
빌		ATE RD.			21632		USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S.ARMED 2 X NO			VIC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	or No- 14. RA	CE — American Indian, ick, White, etc.	
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			NO Specif			ecity: BLACK	
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S US	UAL OCCUPATION	IN .	16b. KIND OF BUS	UNESS/INDLISTED		
	(Specify only highest grade of Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo		100. KIND OF BOS	MC33/MD031K1		
7	08	College (1-4 of 5 +)	LABOR	ER		SAWM	TT,T,		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		2112011		16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
0	OPHER GRIFFIN				MAR	Y L. HYN	SON		
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, City or Town	n, State, Zip Code)		
2	FLORENCE HYNS	ON	1131	PERRYS	CORNE	R RD. GR	ASONVI	LLE,MD.2163	
	20e METHOD OF DISPOSITION Burial 2 Cremation 3 Ramov	20b.	PLACE AND DATE OF E	DISPOSITION (Na			CATION — City or		
	1 Donation 5 Other (Specify)		HN WESL	EY CH	JRCH CE	M.9/2 CA	RMICHA:	EL,MD	
	2) SIGNATURE OF FUNERAL SERVICE LICE	MSEE			D ADDRESS OF FA	AL SERVI	CE .		
	Nussell 1	4. Jook	_			R ST. EA		D. 21601	
	23. PART I. Enter the diseeses, or co	implications that caused	the deeth. Do not					Approximate	
	23. PART I. Enter the diseeses, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseese or condition resulting in death) e								
	0.01	DUE TO OR AS A	CONSEQUENCE OF):						
ON	Sequentially list conditions, b.	DUF TO (OR AS A	CONSEQUENCE OF):						
AT	If any, leeding to immediate cause. Enter UNDERLYING	0.00	condeduction or j.					İ	
CERTIFICATION	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
	resulting in death) LAST								
	DADT II Other significant conditions			HI 322 II		29.1			
ICAL	PART II. Other eignificent conditions	contributing to deeth bu	it not reeuiting in t	he underlying	ceuse given in	Pert I. 24a. WAS AN PERFOR	MED?	MAILABLE PRIOR TO COMPLETION DF CAUSE	
PHYSICIAN: MEDIC								OF DEATH?	
ä	DID TOBACCO USE CONTRI	IBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIL	N D			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH						
YSI		1 Inpetient 2 ER/Outpe		THER: Nursing Hom	5 🗆 Rasidenca	6 Cher (Specify)			
H	27. MANNER OF OEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O		JRY AT RK?	28d. DEŞCRIBE HOW II	JURY OCCURED		
B	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO				
COMPLETED	3 Suicide 4 Homicide Could not be detarmined Suicide 4 Could not be detarmined City or Town, State) 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)								
7	29a. CERTIFIER Check only	IAN: To the best of my knowle	doe, death occurred a	t the time, date	and place, end due	to the cause(s) and man	ner se stated		
Check only Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Check only Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
- 11	296. SIGNATURE AND TUTLE OF CERTIFIED				79c, LICENSE NUM				
1 Du tour								8/91	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEA	TH (ITEM 27) (Type, Pri	nt)	07500		0/2	0/(7	
							•		
	AUG 30 1994	32. REGISTRAR'S SIGNAL Davidson - Ron	TURE						

TO BE COMPLETED BY FÜNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MAI					EALTH DEAT		MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Simon	Middle, Last) Lewis	Gar1	and						2. DATE MONT Sep			994	3. TIME OF DEATH 2015
113-44-3789	495	SEX 6.	AGE (in yrs. lest	birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		Count	IPLACE (State or Foreign
GE. FACILITY HAME OF not in	10000						R LOCATIO		EATH		9c. COL	INTY OF D	
Carroll Co		eneral	Hospi	tal	W	esti	ains	ter			Car	rol	1
IOe. STATE	10b. COUNTY			10c. CITY	r, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland	Carro	11		W	est		ster						1 🖾 YES 2 🗌 NO
414 PPOOLE	Road	Apt. T	r2				ZIP CODE						States
1. MARITAL STATUS Never Married 2	Married 12	E. WAS DECEDENT EX FORCES? 1	/ER IN U.S. ARM YES 2 W N	MED		WAS DEC	ENDENT O	F HISPAN	n, Puerto	N7 (Specify Yes Rican, etc.)		14. BAC	E — American Indian, k, White, etc.
15. DEC	EDENT'S EDUCATI	ON poletecti				CCUPATIO	N st of working		166	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0		college (1-4 or 5+)	life.	sto	e retired.)	-	st or worten	0	,	public	c sc	hoo	1s
17. FATHER'S NAME (First, M.) Gibbs	Gar1	and					18. МОТН Ја:		ME (First,	Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (7)			19b.	MAILINO	ADDRES	S (Street a			Route Nun	ober, City or Tow	n, State, Zi	p Code)	
Mary Louis		and								ninst	er,	MD	21157
20a METHOD OF DISPOSITI LABuriel 2 Crematio Donation 5 Other	n 3 🗆 Removal	from State	20b. PLACE A cometery, cren John	TEREOFF OF OR	THEF DIECES							min:	ster, MD
n. SIGNATURE OF FUNERAL	L SERVICE LICENS	IEE	1		1	Prit		Fune	eral	Home	. &	Chaj	
IMMEDIATE CAUSE (Findisease or condition resulting in death)	÷	ASPIRAT	ION PNE AS A CONSEO										Onset and Death
Sequentially list condition of any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injusthat initiated events reaulting in death) LAS	NG ry c		AS A CONSEO										
PART II. Other algoritica COPD DYSPH		ontributing to dea	ith but not re	eaulting i	n the u	nderlying) ceuse g	iven in	Part I.	24a. WAS AN PERFOR 1 — YES 2	RMED?	246	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XYNO
25. WAS CASE REFERRED TO EXAMINER?							ACE OF DE	EATH (Ch	eck only o	ne)			
1 TES 2XXNO	10	OSPITAL: Appetient 2 - ER	/Outpatient 3	□ DOA	OTHE 4 □ Nu		5 🗆 Re	aldenca	8 🗆 Oth	er (Specify)			
	Pending investigation	28a. DATE OF INJ (Month, Day,)	URY bar)	28b. TIM	E OF URY M		JRY AT RK? 'E\$ 2] NO	26d. DE	SCRIBE HOW I	NJURY OC	CURED	
3 Suicide 8	Could not be determined	28e. PLACE OF IN building, etc.	JURY — At hon (Specify)	ne, farm, s	treet, fac	tory, office			28f. LOI City	CATION (Street I or Town, State)	and Numbe	or or Rural i	Route Number,
anal		N: To the best of my											s) and menner as stated.
PSB. SIGNATURE AND TITLE	OF CERTIFIER	n 00.1		91	6	24	29c. LICE	NSE NUN			29d, DA		(Month, Day, Year)
30. NAME AND ADDRESS OF				27) (Type,	Print)	- 1							13-34
Thomas K. G				lashi	ngt	on Ro	oad,	Wes	tmin	ster,	MD 2	1157	
SEP 10 19	194 June	32. REGISTRAR'S											

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trailist be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. burs after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-t8 Rev 1/89

43.1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERT	IFICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) Franklin Earl Gibse	on			_	AY 1994	3. TIME OF DEAT	тн		
TOR	4. SOCIAL SECURITY NUMBER 2.16-40-2505 5. SEX 1 \square M 2 \square F	6. AGE (In yrs. last birth	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) Feb. 4, 19	1	BIRTHPLACE (State or Re Country)	oreign		
TOR	99. FACILITY NAME (If not institution, give etreet end number) EAST NEW MARKET NURSING RESIDENCE OF DECEDENT	G НОМЕ		NEW MARKE			CHESTER			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND TALBOT	100	EASTON	TION			10d, INSIDE CITY LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 118 PORT STREET, APT. 4 101. ZIP CODE 21601 USA									
ВУ	1 Never Married 2 Merried FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	if yes, s	CENDENT OF HISPAI Becity Cuban, Mexica B 2 A NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y:	or No 1	4. RACE — American Indi Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 1 2 t h College (1-4 or 0	(Give kin lite. Do N	NT'S USUAL OCCUPATION of of work done during mile of use retired.) ORER	ON ost of working	FACTOF					
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANKLIN EARL GIBSON, S	SR.			ME (First, Middle, Melden DOBSON	Sumeme)				
TO B	19a. INFORMANT'S NAME (Type/Print) CYNTHIA WEBB				Route Number, City or Tow BALTIMORE					
	204_METHOD OF DISPOSITION 1		RDSONCE CEM		DATE 200. LO SEPT. 9, 1994		TON, MD.			
	21. SIGNATURE OF EUNERAL BEHYICE LICENSEE		Bl		CUTY TH FUNERAL 687 FASTO					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that indicated exercises). Browcuockeric Carcinoma of Lunc Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
SERTI	that initiated events resulting in death) LAST d.	0 (011 70 7 00110200211								
MEDICAL	PART II. Other significant conditions contributing to Service Discourse. - Augustin	o death but not result	ing in the underlying	g csuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH?	CAUSE		
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Ch	eck only one)	-				
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 inpetient 2	☐ ER/Outpstient 3 ☐ Di	OTHER: OA 4 Nursing Hor	ne 8 7 Residence	8 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Dey, Yeer)	INJURY W	IURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCU	IRED			
	3 Suicide 200 280. PLACE	OF INJURY — At home, fe g, etc. (Specify)	erm, street, factory, offi	a	26f. LOCATION (Street City or Town, State)	and Number of	r Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(e) and menner as stated.									
BE	29b. II GNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUI		29d. DATE	SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27)	(Type, Print) SHON (21400					
	31. DATE FILED (Month, Day, Year) SEP 9 1994 32. REGISTE	Jan's SIGNATURE	leer							

020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rowns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	\$345
BALTIMORE, MARYLAND 21215-0020	tal or attending	for use as the	
YLAND	by the hospit	1 be detached	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
, MAR	e retained	e 5 should	notified
AORE	је 6 тау t	rector, pag	must be
ALTIN	death. Pag	funeral di	examiner
80	nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to bunial, cremation, or removal.	medical
50,	within	pletely fill cremation,	ent, the
(6876	executed	and com	matle ev
. BO)	ificate be	physiclan ene prior 1	her trau
S, P.O	death cert	attending ental Hygid	iry, or of
ORD	s that the	ned by the	any inju
- REC	aw require:	s been signed to the signed to	3 shows
VITAI	AN: The I	tificate has e State De	r Item 2
N OF	G PHYSICI	er this cer	narked, o
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDIN	S after dea	1 28 is m
	PITAL OR	RAL DIRE	T: It Item
	THE HOS	THE FUNE filed within	PORTAN
	2	2 3	Ξ

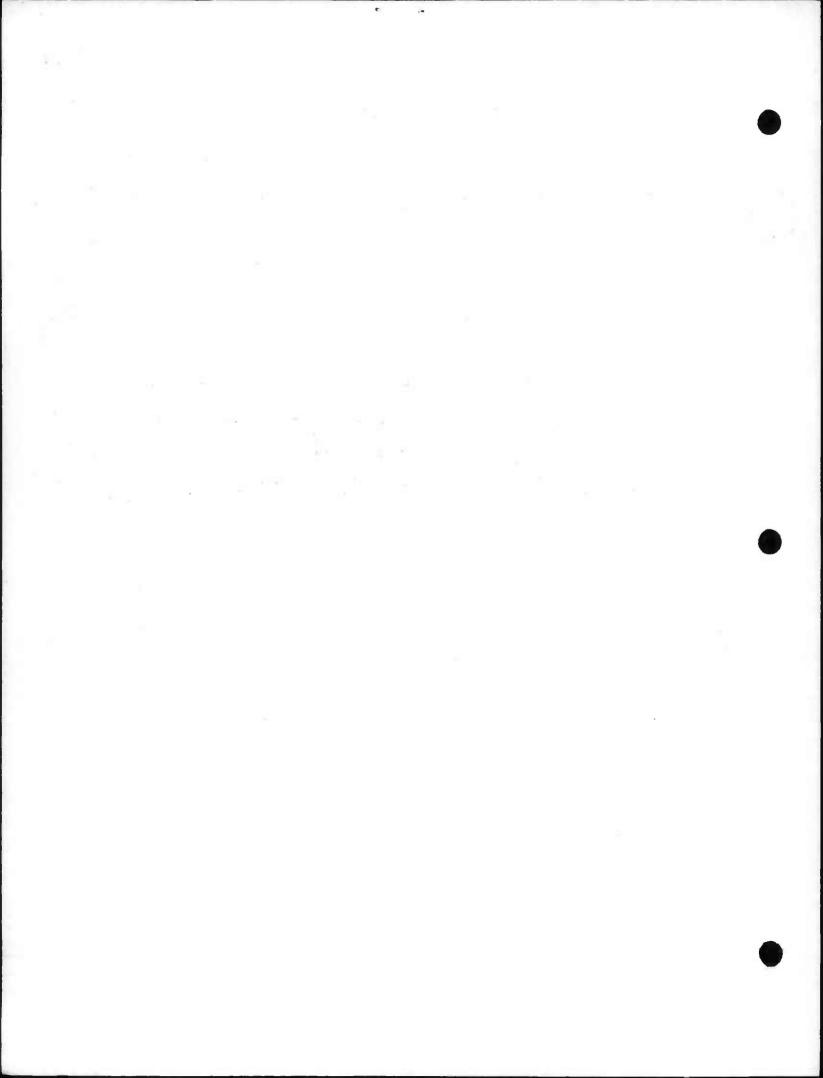
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTRAM		CERT	FICALE	. Ur	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	Gan	non Wi	lliam	Ε.	Gannon	2. DATE OF OEATH MONTH D	AY	YEAR 3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthda	y) IF UNDER	4 VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTH	2	
	215-20-1406	1 X M 2 □ F	69 YRS	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) AUGUST 10	,192	8. BIRTHPLACE (State or Foreign Country) 5 MARYLAND
	9a. FACILITY NAME (If not institution, give st		9b. CITY,	TOWN	OR LOCATION OF DE	ATH	9c. COU	INTY OF DEATH	
DIRECTOR	DORCHESTER GENERA	L HOSPITA	L						CHESTER
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY								
2				O NWOT ,YTE					10d. INSIDE CITY LIMITS?
		HESTER		CAMBRI	DGE				1 TYES 2 X NO
A	10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	5420 TATES BANK R	OAD				21613		1	USA
5	11. MARITAL STATUS	12. WAS DECEDENT E					IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 X				ecify Cuben, Mexican 3 2 X NO Specify			Black, White, etc.
MHII WHOWER 4 Divorced WWII								WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 15. DECEDENT'S USUAL OCCUPATION (Gave kind of work done during most of working life. Do NOT use retined.) CONTRACTOR 16. KIND OF BUSINESS/INDUSTRY BUILDING 16. MOTHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame)								DUSTRY	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)	ioning in	or working	DUITED	TNC	
를	11		CONTRA	CIUK			BUILD	LING	
ō l	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)	
BE 0	JAMES LEO GANNON					ETHEL	RHODES		
	19e. INFORMANT'S NAME (Type/Print)		19b, MAILI	NG ADDRESS	(Street	and Number or Rural F	Route Number, City or Tow	n, State, Zij	p Code)
유	HELEN GANNON		5420	TATE	S B	ANK ROAD,	CAMBRIDG	E, MI	D 21613
	20a. METHOD OF DISPOSITION 1 X Buriel 2 □ Cremetion 3 □ Remo		20b. PLACE AND DAT				DATE 20c. LO	CATION -	City or Town, State
	1 Donation 5 Disper (Specify)	oval from State	OUR LADY	OF GO	OD	COUNSEL	9/19 SEC	RETAI	RY. MD
	21. SIGNATURE OF PUNEMAL SERVICE LIQ	ENERSE ()	111	22. N	NAME A	ND ADDRESS OF FAC	CILITY		
	Dan	13	len	ZE	LLE	R FUNERAI	HOME, P.	0. 1	BOX 207,
	Januara	The same	-0-	10	6 M	AIN STREE	ET, EAST N	EW MA	ARKET, MD 21631
	23. PART I Enter the diseases, or eahock, or heart failure.	sist only one cause	aused the death. Do on each line.	o not enter	the mo	ode of dying, such	as cardiac or resp	iratory ar	rest, Approximate Interval Between
	IMMEDIATE CAUSE (Final				D				Onset and Death
	disease or condition resulting in death)		ymonic		rne	umonia			14 days
1		DUE TO (OF	AS A CONSEQUENCE						102
Z	Sequentially list conditions,	. HST	DIRATIO		Asp	iration			18 months
Ĕ	if any, leading to immediate	DUE TO (OF	AS A CONSEQUENCE	OF): Cer	ebr	al Vascul	Lar Accide	nt	2
2	CAUSE (Disease or injury	Cerc			/ GA	5 AC	CIGENL		Syeve
Ë	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE		Hvp	ertension	1		20
CERTIFICATION		1 HYPE	ELENS 1	1	<i>J</i> I				JUYRS
	PART II. Other significant conditions	a contributing to de	ath but not reaultin	g in the un	derlyin	g cause given in	Pert i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	// 1)		sease		,		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL		0010	0043				1 _ YES :	(SCNO	OF DEATH?
Σ	DID TORACCO LISE	CONTRIBUTE	TO CALIFE O	SE DEAT	m., 1	VEC CO NO			1 🗆 YES 2 🔀 NO
PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	IO CAUSE C	DEAT	_				
ᅙ	EXAMINER?	HOSPITAL:		OTHER	t:	LACE OF DEATH (Che			
Ž∥	1 VES 2 NO 27. MANNER OF DEATH	26e, DATE OF INJ	R/Outpatient 3 DO/	-		ne 5 🗆 Residence			
	1 Netural 5 Pending	(Month, Day,		INJURY	W	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OC	CURED
à	2 Accident Investigation	20- 71 405 05 11	Latent Addition			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	IJURY — At home, farr . (Specify)	n, street, facto	ory, offic	•	City or Town, State,		er or Rural Route Number,
<u>.</u>									
립							to the cause(e) end ma		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of exam	instion end/or investig	itlon, in my o	pinion, o	death occured st the	time, date end place, ar	nd due to t	he ceuse(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	-1 .	-			29c. LICENSE NUN	IBER	29d, DA1	TE SIGNED (Month, Day, Year)
290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Your) 9/15/94								7/15/94	
유	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM 27) (7)	rpe, Print)		· / / /	. 0 /		7.0717
	Rosemary M. Ha				08	Byrn Stre	et Cambr	idge	, MD 21613
	31. DATE FILED (NONTY PS/2002) 199	32. REPUTINAL	CONTRACTOR OF CONTRACT	щ					
	<u></u>	0							_



rath. Page 6 may be retained by the hospital or at	uneral director, page 5 should be detached for use	aminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or all	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for us be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or remains.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I		NTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last)	1 11 11.	LION HURDLE		DATE OF DEATH DAY	YEARY 9 4	3. TIME OF DEATH 10 15 AM			
	240-32-6582	5. SEX 6. AGE (In yrs. las	YRS. MONTHS DAYS	HOURS MIN.		Coun	HPLACE (State or Foreign ry) rth Carolina			
TOR	9a. FACILITY NAME (If not institution, give she FOLLSTON RESIDENCE OF DECEDENT	ENERAL HO	SD. Fa	STON		SC. COUNTY OF	ORD			
DIRECTOR	10a. STATE 10b. COUNTY	arford	10c. CITY, TOWN OR LOCA	rion Agewood			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 1002 Magnolia Wood	de Tano	10	21040			WHAT COUNTRY? USA			
BY FUNE		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 🔀 YES` 2 ☐ I IF YES, GIVE WAR OR DATES	NO If yes, s	CENDENT OF HISPANIC (lecify Cuban, Maxican, Pi 2 2 NO Specify:	ORIGIN? (Specify Yas of uarto Rican, atc.)		E — American Indian, k, White, alc.			
	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (G	ECEDENT'S USUAL OCCUPAT	ON ost of working	16b. KIND OF BUSI	NESS/INOUSTRY	white			
COMPLETED		College (1-4 or 5+) life.	urchasing Ac		Manuf	acturin	g			
	17. FATHER'S NAME (First, Middle, Last) William Wesley Hu	rdle			(First, Middle, Malden S Elizabeth		ac			
TO BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AOORESS (Street	and Number or Rural Route	e Number, City or Town,	State, Zip Code)				
F	Margaret J. Hurdle		1002 Magnol			ewood, M				
	20e, METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Period 4 Donation / Donation	/ /Bel .	Air Memorial	Gardens 9)/16/94 Be	el Air,	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICES	and and	Howar	nd adoress of facility d K. McCott Cokesbury	as III Fu					
		mplications that caused the de st only one cause on each line	eath. Do not enter the me	ede of dying, auch as	a cardiac or reapire	atory arreat,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SMAU CEU LUNG CAWCEN 14R									
2		DUE TO (OR AS A CONSE								
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE	OUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):							
MEDICAL C	PART II. Other eignificant conditions	contributing to death but not r	reaulting in the underlyir	g cauae given in Par	24s. WAS AN A PERFORM	ED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	DID TOBACCO USE CO	ONTRIBUTE TO CAUS	SE OF DEATH	ES NO			1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	LACE OF DEATH (Check of						
PHY	27. MANNED OF DEATH	28a. DATE OF INJURY (Month. Day, Year)	28b. TIME OF 28c. IN		d. DESCRIBE HOW IN	JURY OCCURED				
D BY	2 Accident Investigation 28e PLACE OF INJURY At home farm steat factors office 28e PLACE OF INJURY At home farm steat factors office 28e PLACE OF INJURY At home farm steat factors office 28e PLACE OF INJURY At home farm steat factors of the part									
LETE	4 Homicide determined									
COMPLETED		AN: To the best of my knowledge, de On the bests of axemination and/or					a) and manner as stated.			
BE	29d. DATE SIGNED	(Morth, Day, Year)								
TO	30. JAMEJAHO ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CEATH (ITE	M 27) (Type Print)	EAR	100	(1)	71047			
	SEP15 1994	82. ABGISTAR'S SANATURE		10000	1					



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

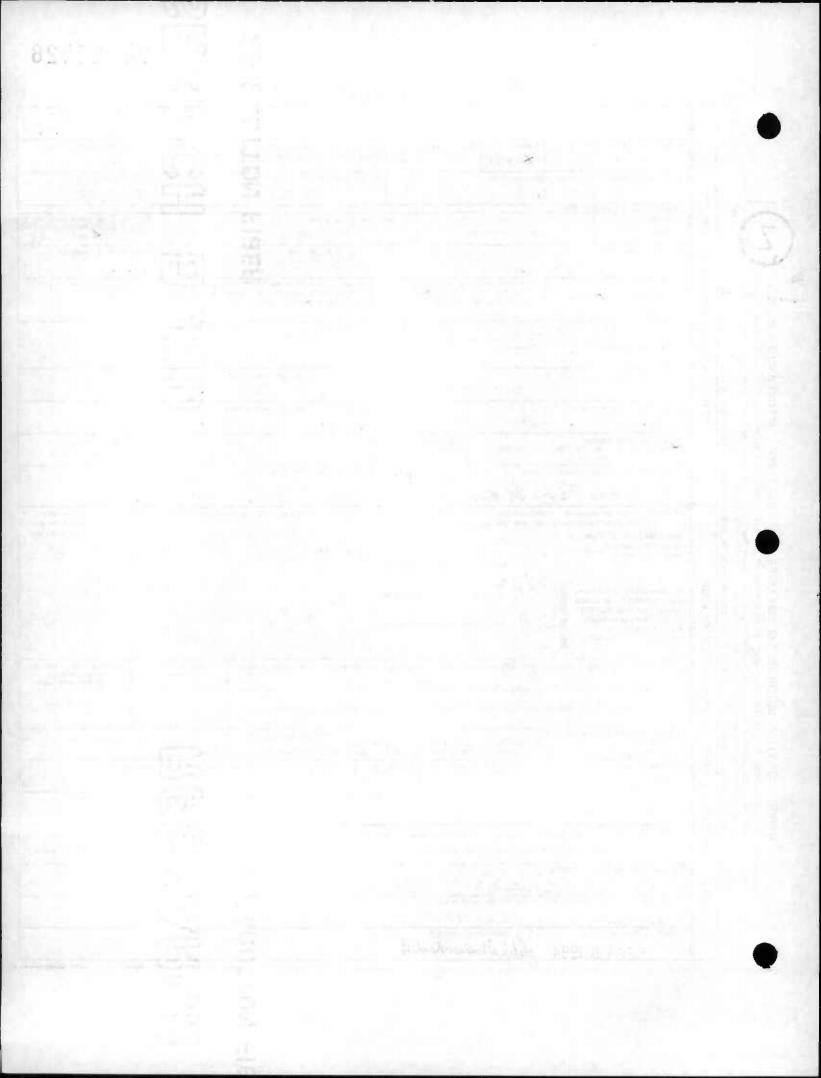
REGISTRAR		CERT	TIFICATE	OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM		HURLEY	- 14	50		MONTH	OF DEATH	* 1994	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-20-4353		6. AGE (In yrs. last birth	nday) IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept 7. DATE (Month Aug	0F BIRTH 25 18			3:00 p.m. PLACE (State or Foreign land
86. FACILITY NAME (If not institution, give 310 Henry S			9b. CITY		Cambridg	EATH	E.	oc. COUNTY OF DEATH Dorchester		
10a. STATE 10b. COUNT	Da. STATE 10b. COUNTY 10c.					7				10d. INSIDE CITY LIMITS? 1 YES 2 \(\) NO
10e. STREET AND NUMBER 310 Henry		101	ZIP CODE 216	13	16		S.A.	HAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES		f yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	an, Puerto F	7 (Specify Yes Rican, etc.)	or No—	14. RACE Black Specifi	- American Indian, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kir	ent's usual or nd of work done of NOT use retired.) Demaker	during mo		16b.	self	emp1		
17. FATHER'S NAME (First, Middle, Lest) John	Luther Hu	ırley			18. MOTHER'S NA		Aiddle, Meiden	,		
19a. INFORMANT'S NAME (Type/Print) Mrs. Hilda W. H	urley	19b. MA 31(Henry	Street a	nd Number or Rural , Cambr	Houte Numb	Md. 2	n, State, Zip 1613	Code)	P 1
20a METHOD OF DISPOSITION 12 Buriet 2 Cremetton 3 Ren 4 Donation 5 Other (Specify)	noval trom State	20b. PLACE AND C cemetery, cremetor Green	DATE OF DISPOS by or other place) LAWN CE	mete	er y	9/18		mbrid	_	on, State aryland
21. SIGNATURE OF FUNERAL SERVICE LI	R Ihan	. O.			Locust S	Γ	homas			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	DR AS A CONSEQUEN	ICE OF):							
PART II. Other significent condition Debutypta		deeth but not result			g ceuse given in	n Part i.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	₹:	ACE OF DEATH (C					
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a, DATE OF I		b. TIME OF INJURY	28c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO	1	(Specify)	INJURY OCC	CURED	
2 Accident 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF building, e	INJURY — At home, f rtc. (Specify)	arm, street, tact	ory, offic			ATION (Street or Town, State)		or Rurai R	oute Number,
onel	SICIAN: To the best of m									and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU					
30. NAME NO ADORESS OF PERSON W	HO COMPLETED CALLS	F OF OFATH (ITEM 27)	(Time Print)		Hork	00	md	17	16	(Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fourth. Flour after death. Fage 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction page 5 should be detached for use as the budge be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHOMAS HUGHLETT HENRY, JR. ADG. 28 DOWN JOURNAL AND ADGRESS OF THE ADGRESS OF TH	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.		
219—34—4137 No. COLITY HAME (From intelline), up as used and namely St. Colity of polity St. Colity St. Colity of polity St. Col						AUG	. 28 DAY	1994	6:25 AM
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St. DECEDENT'S EDUCATION College (1-d or 3-) Tamount-decorative (2-d or 3-d or	. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	FORCES? 1 TY YES	2 NO	13. WAS DEI	CENDENT OF HISPA Hecity Cuben, Maxis is 2 Al NO Spec	ANIC ORIGIN can, Puerto i illy:	t? (Specify Yea or Rican, atc.)	Ble	city:
LEGAL PROFESSION 1.2	15. DECEDENT'S EDUC	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON of working	16b	KIND OF BUSIN	ESS/INDUSTRY	THE LEGISLATION OF THE PARTY OF
THOMAS HUGHLETT HENRY, SR. 19b. MALING ADDRESS (Street and Number or Part), Middle, Macking Summany) THOMAS HUGHLETT HENRY, SR. 19b. MALING ADDRESS (Street and Number or Part) TANKE J. HENRY 27321 BAILEY'S NECK RD., EASTON, MD A METHOD OF DEPOSITION A METHOD OF DEPOSITION (Number of Number or Part) Densition 5 Other (Specify) SIGNATIFIED TO BE ONLY CREMATORY 8 POR NEW, Street, 250 Docks) SIGNATIFIED TO BE ONLY CREMATORY SALES AND DATE DEPOSITION (Number of Num			life. Do NOT use	e retired.)	ast or working				
MINNIE LOWE WRIGHTSON 196. MALING ADDRESS (Street and Number or Rural Rocus Number, City or Rows, State, Zip Code) 27.321 BAILEY'S NECK RD., EASTON, MD 27.321 BAILEY'S NECK RD., EASTON, MD 28. PLACE AND DATE OF INSTANCIAN (Proposition) 29. PLACE AND DATE OF INSTANCIAN (Proposition) 29. PLACE OF INJUNY 29. PLACE AND DATE OF INSTANCIAN (Proposition) 29. PLACE OF INJUNY 29. PLACE OF INJUNY 20. CLOCATION — City or Town, State 29. CLOCATION — City or Town, State 29. CLOCATION — City or Town, State 29. PLACE OF INJUNY 20. LECTHIER INJUNY 21. AMME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME, P. A. 20. LECTHIER INJUNY 21. AMME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME, P. A. 20. LECTHIER INJUNY 22. MAME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME, P. A. 20. LECTHIER INJUNY 22. MAME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME, P. A. 20. LECTHIER INJUNY 22. MAME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME, P. A. 24. DOE TO GO AS A COMESCURNE GOT): 25. LECTHIER INJUNY 26. CLOCATION OF COLUMN OF THE INJUNY 26. DOE TO GO AS A COMESCURNE GOT): 26. CLOCATION OF COLUMN OF THE INJUNY 27. AND ADDRESS (PICH ADDRESS): 26. PLACE OF OLATH (Chack only con) 26. PLACE OF INJUNY 27. AND ADDRESS (PICH ADDRESS): 28. PLACE OF OLATH (Chack only con) 28. PLACE OF INJUNY 29. PLACE OF INJUNY 29. PLACE OF INJUNY 29. MINNIE INJUNE OF CERTIFIER 29. ADDRESS (Specify):	12	7	LAWYER	2			LEGAL	PROFE	SSION
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ART I. Other algorificant conditions and the death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): ART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSEQUENCE OF): Our To (or As A CONSE	a. INFORMANT'S NAME (Type/Print)	I HENRI,	-	ADDRESS (Street					
SALTSBÜRY CREMATORY 8-29 SALISBURY, MD. SOUNTIES OF FURRAL SerVICE LICENSEE BOOKERS OF FORLITY BENNAM FUNERAL HOME, P. A. SOUNTIES OF FURRAL SERVICE LICENSEE BOOKERS OF FORLITY BENNAM FUNERAL HOME, P. A. 10 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. MPLANTIAL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. MPLAST I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. MPLAST I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. MPLAST I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. MPLAST I. Enter the diseases, or complications are the shock of the cause of respiratory arrest, shock or shock of the cause of respiratory arrest, shock or failure or shock of the cause of respiratory arrest, shock or shock of the cause of the cause of the cause of the shock of the shock of my coveringe, death occurred at the time, data and piace, and due to the cause of and manner as stated. BIGNATURE AND TITLE OF CERTIFIER D 46020 SALISBURY. MD. 22. NAME AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY BEASTON TO ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY BEASTON TO ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY BEASTON TO ADDRESS OF FACILITY BEASTON TO ADDRESS OF FACILITY AND ADDRES	JANE J. HENRY								, MD
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22. NAME AND ADDRESS OF FACILITY NEWNAM FUNERAL Selvice LICENSEE DESCRIPTION 1. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Between and hock, or heart failure. List only one cause on asch line. MEDIATE CAUSE (Final seases or condition) a. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): CAYCLUM AND JUST (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): ART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FRIDE ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 1 YES 2 NO WAS CASE REFERENCE TO TO MEDICAL EXAMINER: On The Death of the Course of the Numbury of Death Number of Rural Rouse Number. 25a. PLACE OF INJURY AT NUMBER 1 NUMBER AND TITLE OF CERTIFIER 25b. COLID THE COURSE OF DEATH (Check only one) 26a. CERTIFIER 1 NUMBER AND TITLE OF CERTIFIER 25c. LICENSE NUMBER 25c. LICENSE NUMBER 25c. LICENSE NUMBER D 46020	☐ Burial 20 Cremation 3 ☐ Rame ☐ Donation 5 ☐ Other (Specify)	oval from Stata	netery, crematory or off	her place) CREMA	TORY	8-2	9 SALI	SBURY	. MD.
Was case referred to Medical EXAMINER? Yes 2 No Yes	ahock, or heart failure. AMEDIATE CAUSE (Final sease or condition suffing in death) equentially list conditions, any, leading to immediate buse. Entar UNDERLYING AUSE (Disease or injury lat initiated events equiting in death) LAST	DUE TO (OR AS ADDUE TO (OR AS	a consequence of Stairs	ieare.	le brock (Brown	un	UIC COL	TOPSY 24	Approximate interval Betwee Onset and Dai 12 YTS.
EXAMINER? WEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. EXAMINER S Pending investigation 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURE				26. P	LACE OF OEATH (Check only or		NO .	OF DEATH?
MANNER OF DEATH Matural S Pending Investigation S Could not be determined 28a. DATE OF INJURY At MORK? 1 YES 2 NO 28b. TIME OF INJURY AT YES 2 NO NO NO NO NO NO NO			patient 3 DOA	OTHER:					
Astural S Pending Investigation S Could not be determined S Could not be determi	MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	E OF 28c. IN	JURY AT	1		URY OCCUREO	
28a. PLACE OF INJURY — At home, farm, street, factory, office 4 — Homicide a. CERTIFIER (Check only one) 2 — MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. D. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		(Month, Day, Year)	INJ						
(Check only one) 2 MEDICAL EXAMINER: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D 46020 29d. DATE SIGNED (Month, Day, Year)	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, s city)	treet, factory, offic	10	28f. LOC City	CATION (Street and or Town, State)	Number or Rural	Route Number,
D 46020 ► 8/29/44	(Check only								(a) and manner as stated
	b. SIGNATURE AND TITLE OF CERTIFIE	1			29c. LICENSE N	UMBER	2	9d, DATE SIGNE	D (Month, Day, Year)
	SOM				D 46	020		> 8/2	9/44
	NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)				0/2	, , ,
506 Idlewild Arende	PATE FILED (Month, Per Char)			Hall					
PATE FILED (Month, Day May) 32. REGISTRAR'S SIGNATURE		TO STREET IN THE PROPERTY OF THE	INTERNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a law siter death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-rights be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

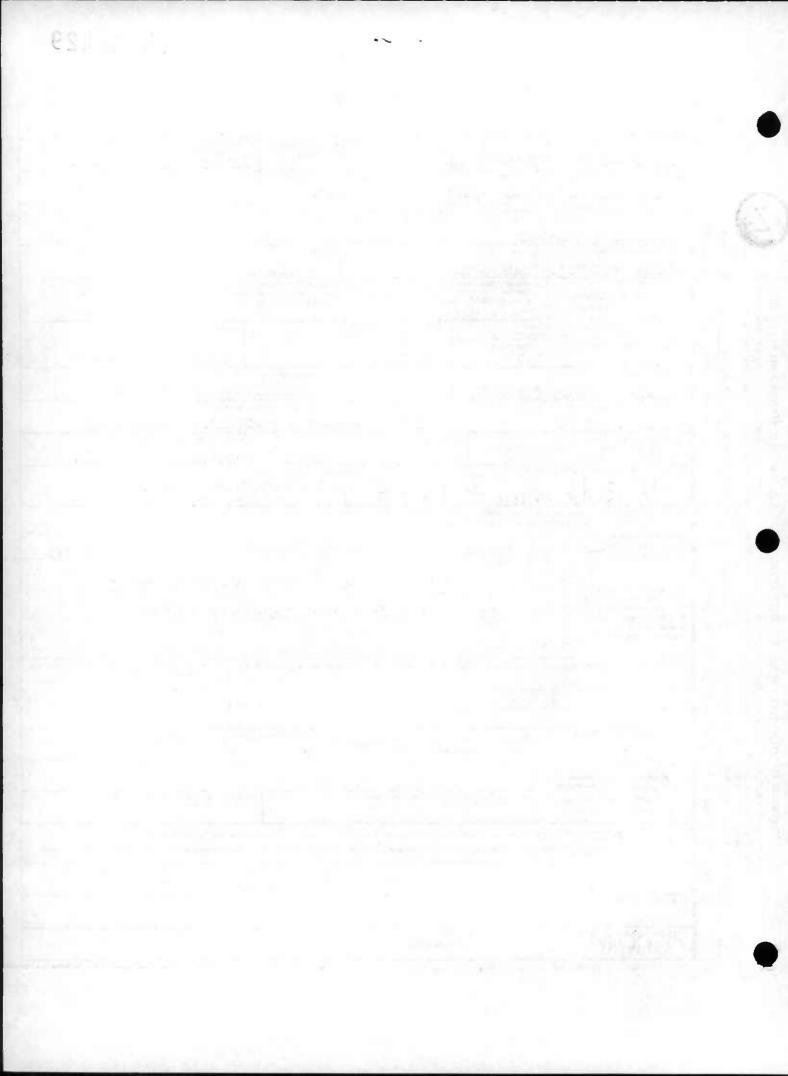
BALTIMORE, MARYLAND 21215-0020

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



FOR 1 STATE

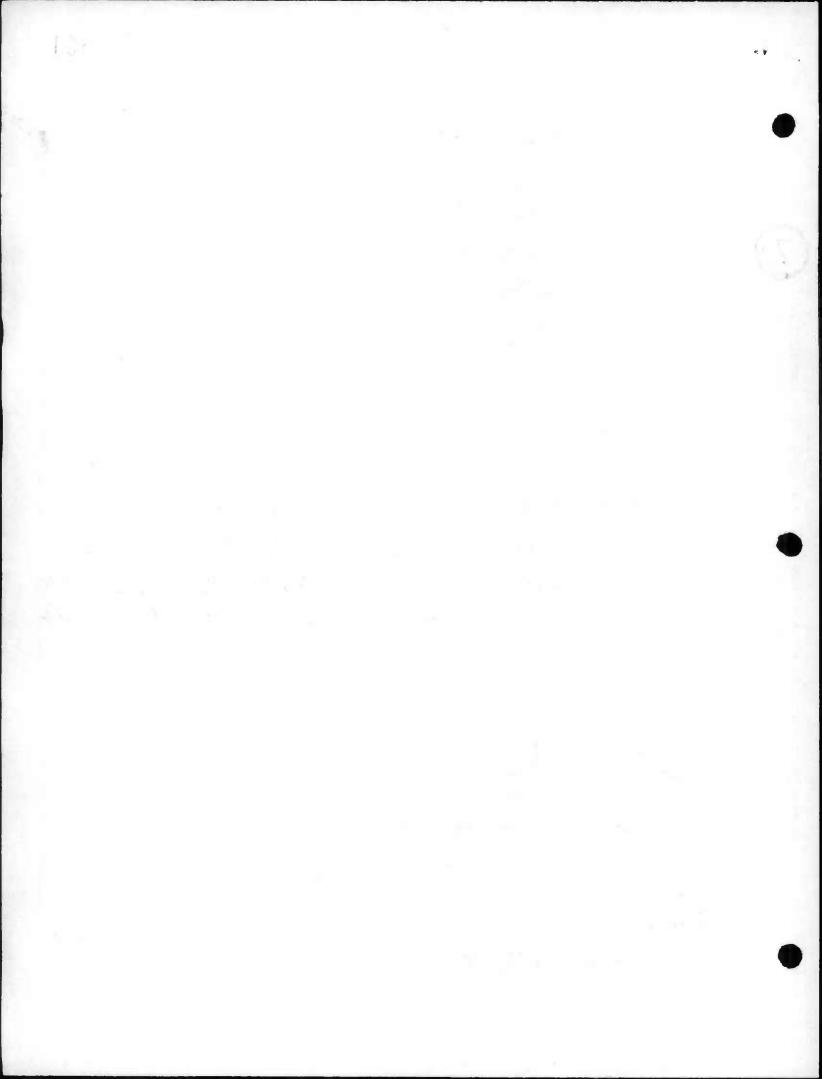
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	- DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						DAY YEAR	3. TIME OF DEATH	
	MARGARET 4. SOCIAL SECURITY NUMBER	EILEEN	HAI			SEPT J	7 199	4 9:28 A M	
			(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	II STIDE TO THIS	7. DATE OF BIRTH (Month, Day, Ybar) APR. 26, 1	8. BIR		
	055-09-5967 9a. FACILITY NAME (If not institution, give str	22 11	Tho.	AL OFFI TONG	OR LOCATION OF D				
Œ	MEMORIAL HOSPIT					EATH	9c. COUNTY OF DEATH		
8	RESIDENCE OF DECEDENT	LALI		EAST)N		TZ	ALBOT	
BY FUNERAL DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?	
ā	MARYLAND TALE		OXFORE)			1 TYES 2X NO		
3AL	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
Ä	27456 OXFORD I				2165		USA	A	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT EVER FORCES? 1 YES	2 X NO	If yes, s	pecify Cuben, Mexico	NIC ORIGIN? (Specify Year, Puerto Ricen, stc.)	e or No — 14. RA Bla	CE — American Indian, ack, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YE	S 2XXO Speci	fy:	Spe	WHITE	
	15. DECEDENT'S EDUC		16e. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	JSINESS/INDUSTRY		
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during n se retired.)	nost of working				
AP.	12		ADMINI	STRATI	VE ASS'	T PHARMA	CEUTICA	AL COMPANY	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meider	Sumame)		
BE (JOHN COLEMEN				MARGA	RET WILS	ON		
6	19e. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tox			
	JOHN H. HABER					OXFORD,			
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	val from State	b. PLACE AND DATE	at a set and			OCATION — City or	7.27 V. V. V. V.	
	4 Donation 5X Other (Specify EN 21. SIGNATURE OF FUNERAL SERVICE LICE	COMBMENT W	OODLAWN	MAUSC		9-21 EA	STON, N	4D	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		NEWN	AND ADDRESS OF FA	RAL HOME	. P.A.		
	JOHN R.	MERLE	200			RISON ST.		ON, MD	
	23. PART I. Entar the diseases, or conceptock, or heart failure. L	omplications that cause	d tha death, Do	not antar tha m	ode of dying, aud	ch as cardiac or rasp	olratory arrest,	Approximata	
	IMMEDIATE CAUSE (Finel	liet brilly one cause on	aacn line.		N			Intervel Between Onset and Daath	
	disease or condition resulting in death)	SUPSIS	Krom	G2//6	1/1775			8 day	
		DIE TO (OR AS	A CONSEQUENCE O	F):					
Z	Sequentially list conditions,								
EA	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFICATION	CAUSE (Diseese or Injury that initieted events	DUE TO (OR AS	A CONSEQUENCE O	n.					
E	reaulting in deeth) LAST			. ,.				Ì	
2		•						-	
EDICAL.	PART II. Other eignificent conditions	/					NAUTOPSY 24	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
20	Dinhetes, A	VARMALIN	WEFFICILL	icy,	* -	1 YES	2 [3 NO	COMPLETION OF CAUSE OF DEATH?	
M	OSTEOpeho111	WITH THO	racic de	MASSIN	Ingen	ere		1 - YES 2 77NO	
Ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE (UNCERTAI	N 🗆			
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:)				
PHYSICIAN:	1 VES 2 ATO	1 Impatient 2 I ER/Ou		4 - Nursing Ho	me 5 🗆 Raeldenca				
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Yeer)	28b. TIM	URY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCURED		
B	2 Accident Investigation	26- BLACE OF IN HIS	Y 44 harry 4 mars		YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUR building, atc. (Sp.	ecity)	street, ractory, orr	Ca	26f. LOCATION (Street City or Town, State	end Number or Rura)	l Route Number,	
COMPLETED	29a. CERTIFIER								
MPI	(Check only Check on Che								
S	One) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(e) and manner as stated.								
B	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)								
0	30 NAME AND ADDRESS OF BEDSON WHO	COMPLETED CALLED	na	810	1) 5/	7 66	7/1	19/94	
	30. NAME AND ADDRESS OF PERSON WHO	Re Cause of 9		606)	777		100	100 /3/11	
	31. DATE FILED (Month flow What)	1 32 BEGISTPAPE CO		606 /	vichno	welves	C11110~	110/0/60/	
	SEP 19 1994	32. REGISTRAR'S SIG	porpose						

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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	-
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hosp	

	1 - STATE OF MARYL REGISTRAR		MENT OF H		MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last) RALPH GEOR	2GE 1	10FF	MAN	2. DATE OF DEATH DO THE PROPERTY OF THE PROPERTY OF BIRTH	-94	3. TIME OF DEATH
		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	STATE OF Foreign (State or Foreign Fountry)		
HO.	99. FACILITY NAME (If not institution, give street and number) 560 Washington Road	9ь. сіту, тоwн о Westmi	nster	ATH	9c. COUNTY		
ECIOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIR	Maryland Carroll 100. STREET AND NUMBER		stminst			La orizen	LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	560 Washington Road			1157			ed States
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		city Cuban, Mexican	IC ORIGIN? (Specify Yea, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: White
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S L (Give kind of we	ork done during mos	N at of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 5	lawyel	retired.)		genera	al pra	ctice
	17. FATHER'S NAME (First, Middle, Last) William Hoffman			16. MOTHER'S NAM	ME (First, Middle, Meiden Mae	Surname) Arnold	
BE (19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		oute Number, City or Tow		
2	R. Neal Hoffman	302 i	Mary Av	renue, I	Westmins	ter, M	ID 21157
	1 Description 2 Cremetton 3 Ramoval from State	o. PLACE OF DISPOSI other place) estminst		- "	/19/94x0c. LO		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			D ADDRESS OF FAC	CILITY		
	Katherine Pritts - Su	ritzer	412 V	lashi ngi	ton Rd.	Westn	inster, MD
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a	d tha death. Do no ach lina.	ot enter the mo	de of dying, such	aa cerdiac or reap	iratory arreat,	Approximata interval Between Onset and Daath
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARDI	AL :	INFI	ARCTIC	MC	Olist and Dadill
z	- CHRONI	C TSC	HEMI	C ME	BEARI	1ALC	DIS. 5 YEAR
	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING	CONSEQUENCE OF):		e DIDY AS		
HIFICATION	CAUSE (Disease or injury that initiated events	CONSEQUENCE OF		C 671	-VIOI M	SCVVIII	- XI- / IMMS
CER	resulting in death) LAST						
ایا	PART II. Other eignificant conditions contributing to death it	out not reaulting in	the underlying	ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA					1 YES :	2 🗀 NO	COMPLETION OF CAUSE OF DEATH?
					-		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO-MEDICAL		26. PL	ACE OF DEATH (Che	ock only one)		
	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Out	petient 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
PHY	27. MANNER OP DEATH 1 Natural 6 Pending 28. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW	INJURY OCCURI	ED
LED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, at city)	treet, factory, offic	•	261. LOCATION (Street City or Town, State		Rural Route Number,
	29s. CERTIFIER Charle pale 1 CERTIFYING PHYSICIAN: To the best of my know	viedge, death occurre	d at the time, date	and place, and due	to the cause(e) and me	nner as stated	
COMPLE	(Check only one) 2 MEDICAL EXAMINER: On the beels of examination						ause(a) end manner ee stated.
BE BE	296. SIGNATURE AND TITLE OF CERTIFIER	er. n	LD.	29c. LICENSE NUM	HAPh	29d. DATE SIG	GNED (Month, Day, Year) -15-94
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)912	WAST	TINGTO	N RE	PARIANA
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN SEP 1 6 1001 (Millian Seutles Control	NATURE	VIV			1-11-	21157
	JEFT 1994 June pungar Man	ell					



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page		l be
director,		er mus
funeral		examin
JDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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signed	Health	ws ar
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Euc.	#	0
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After	death	s ma
.T0R:	after	28

	1 - FOR STATE REGISTRAR	STATE OF M			TMENT (MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		3	TIME OF S	DEATH
	THOMAS MARION	HOLLING	с₩∩ртп	. CE	•				MONTI	9 7	9	YEAR	435	P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1.1	(FAR III	F UNDER	24 MBS	7 DATE	OF BIRTH	- [a Burryunu	OF Chia	- T
	215-38-1003	1 X M 2 🗆 F	84	YRS.			OURS	MIN.	(Month	Day, Year)		8. BIRTHPL. Country)		
			04	rna.						18,1	910 1	MARY.	LAND	
œ.	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR L	LOCATIO	ON OF O	EATH		9c. COUNT	TY OF DEAT	H	
DIRECTOR	MERIDIAN-CORS	ICA HIL	LS			CEN'	TRE	VII	LE		QUE	EN A	NNE '	S
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY													
R				10c, CITY	r, TOWN OR	LOCATION	4					10	d. INSIDE	
	MARYLAND QUEE	N ANNE'	<u>S</u>	Q	UEEN	ANI	NE					1	YES 2	
AE	10e. STREET AND NUMBER					10f. ZII	P CODE				10g. CITIZI	EN OF WHA	T COUNTR	143
FUNERA	2300 STARR RO	AD					2	165	7		TT	SA		
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WA	S DECENO	_			? (Specify Yes		I4. RACE	American	Indian
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 1	NO	lt y	es, specify	y Cuban	, Mexica	n, Puarlo f	Rican, etc.)		Black, W	hite, etc.	irranett,
BY	3 Widowed 4 Divorced	MARYLAN	D NAT'	L GU	ARD'	YES 2	X	Specif	γ:			Specify:	WH	ITE
	15. DECEDENT'S EDUC	CATION			USUAL OCC	UPATION		_	166	KIND OF BUS	INECC/INDI	etpy		
ETED	(Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of w Do NOT us	vork done dun	ing most o	f working	g	'	KIND OF BO	SINE 33/INDO	31111		
7	7	College (1-4 or 5+		ARME	R					FARM	TNC			
COMPL	17. FATHER'S NAME (First, Middle, Last)			THU II			,511. ·	_					_	
ၓ	WILLIAM BENJA	MTN HOT	TAICON	ODMII	,	16				Aiddle, Maiden				
H		MIN HOL						_		ISE H				
ဥ	19a. INFORMANT'S NAME (Type/Print)									er, City or Town				
-	THOMAS MARION	HOLLING	SWORTH	,JR.	22	24 9	STA	RR	RD.	, QUE	EN AI	NNE,	MD	2165
	20a METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 Remo		20b. PLACE			ON (Name o	of		OATE	20c, LO	CATION — CI	ty or Town,	State	
	4 Donation 5 Other (Specify)	oval from State	WOODI.	matory or ot	her plece)	DTAI	r 15	A IDE		10 773	CHON	MD	216	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	WOODI	AWN	22. NA	ME AND A	ADDRES	S OF FA	CILITY	LU EA	STON	_ MD	216	UI
										HOME	. P.7	Α.		
	NOHN P	MERC	ERON							ST.			. MD)
	23. PART I. Enter the diseases, or o	complications that	caused the de	eth. Do n	ot enter th	e mode	of dylr	ng, suc	h ss cerd	lec or reepl	ratory srre	nt,	Аррго	
	shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one caus	e on each line					3			•		Interva	Between
	disease or condition			(-		വ		1					Unset	and Death
	resulting in death)	n	OR AS A CONSE	0		7		70	2				V	neo T
		502 10 (ON AS A CONSE	JUENCE OF	·}:	V								
CATION	Sequentielly list conditions,	b. OHE TO	OR AS A CONSEC	NIENOE OF										
F I	If eny, leading to immediate cause. Enter UNDERLYING	002 10 (OH AS A CONSE	JUENCE OF	};								i	
일	CAUSE (Disease or Injury	C											-	
RTIF	that initiated events resulting in desth) LAST	902 10 (OR AS A CONSEC	DUENCE OF);								l	
CER	resulting in death) Exa	d											l	
ျ	PART II. Other significent condition	e contributing to	death but ant a	anultina i	- 45	ali da a la a		learne terr	S					
록╽	January States	continuoung to	seath out hot i	esuiting ii	n the unde	riying ca	suse g	iven in	Part I.	24a. WAS AN PERFOR			RE AUTOPS	Y FINDINGS
MEDICA									_	1 YES 2	NO NO		MPLETION (DEATH?	OF CAUSE
W I												1	YES 2	□ но
									_				-	
₹	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	E OF DE	ATH (Chi	ack only one	el				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2	ED/Orderable of 0	□ aaa	QTHER:					-				
إ ≍	27. MANNER OF GEATH	28e. DATE OF		28b. TIME				idence	6 Other					
- 1	1 Natural 5 Pending	(Month, Da		INJU	JRY	c. INJURY WORK?			28d. OEŞ	CRIBE HOW IF	JURY OCCU	REO		
ਨ∥	2 Accident Investigation					YES	2	NO						
e	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY - At ho	me, farm, si	treet, factory.	office		l	28t. LOCA	TION (Street a	nd Number or	Rural Route	Number,	
= 1	4 Hornicide detarmined													
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of r	ny knowledge, de	ath occurre	d at the time	date and	place	and due	to the cer-	se(a) and men	ner en elet-e			
Ē		R: On the basis of ax											d meer	na ataka d
ರ ∥			- The state of the	-	, -рис					prince, and	- JAME (U III)	cause(s) an	u manifet (e stated.
	1								MED		29d. DATE S	PICNED (IA		
u II	29b. SIGNATURE AND TITLE OF CERTIFIER			1		29	C. LICEN				A CALL	D (MC	mm, Day, Ye	ear)
#	296. SIGNATURE AND TITLE OF CERTIFIER	B An	nes	b		29			3 4	5	19-	8 -	94	ear)
u II	1	B An	E OF DEATH (ITE	h	Print)	294				2	Þ9-	8	9 4	ear)
#	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDIVISE OF PERSON WHO	COMPLETED CAUS			70		P	12	3 4		▶9-	8 /	94	ear)
#	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO JOHN SMITH, M. 31. DATE FILED (Month, Day, Year)	D. P.O	BOX	50.	CENT		P	12	3 4	21617	▶9-	8 -	94	eer)
#	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO JOHN SMITH, M.	D. P.O	. BOX	50.	CENT		P	12	3 4		▶ 9 -	8	9 Y	eer)

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-train, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Clifford L.

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE	STATE OF MARYLAND			MENTAL HYGIENE	91	4 20433	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) EDYD+E	AME 1	TAGE	E OF DEATH	REG. NO. 2. DATE OF CEATH MONTH DATE A	' 4 "	EAR 3. TIME OF GEATH	
	4. SOCIAL SECURITY NUMBER 219 - 22 - 8/2-0	5. SEX 6. AGE (In yrs. A	VRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-17-2	5	BIRTHPLACE (State or Foreign Country)	
TOR	9a. FACILITY NAME (If not institution, give a	TANDA IL	05-P. 96. CT	ry, town or location of i	DEATH	9c. COUNTY	PLES PER	
DIRECTOR	10e. STATE 10b. COUNTY	.A.	10c. CITY, TOWN	OR LOCATION AS A DENA			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	312 Delma	Ave		101. ZIP CODE	2	10g. CITIZER	N OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. A FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	ARMED 13	I WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	en, Puerto Ricen, etc.)	or No — 14	RACE — American Indian,	
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	fe. Do NOT use retired.	during most of working	16b. KINO OF BUS		THY	
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LILLIAN NOTA							
TO B	190. IMEQRIMANT'S NAME (Type/Print) 190. IMEQRIMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stere, Zio Code) SAME AS HOO							
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF SIMERAL SERVICE LIK	oval from State cometery.	Yematory or other place		1594 61	AUT	or Town, State , MO	
and the second	100	1	É	BARRANCE		M	PAKK	
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO (OR AS A CONS	hyo car	dial Inf	2	atory arreat	t, Approximate Interval Between Onset and Daath	
ERTIFICATION	Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.							
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):					
PHYSICIAN: MEDICAL CI								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
	1 YES 2 1 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	8 Other (Specify) 28d. OEŞCRIBE HOW IN	8 Other (Specify) 28d. OEŞCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet, fa	281. LOCATION (Street a City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE C	29b. SIGNATURE AND SITUA OF CENTRUE	O COMPLETÉD CAUSE OF DEATH (IT		29c. LICENSE NI	UMBER 449	29d. DATE 3	IGNED (Morth, Day, Year)	

OHMH-18 Rev 1/89

100 Property Share Wasser Aster

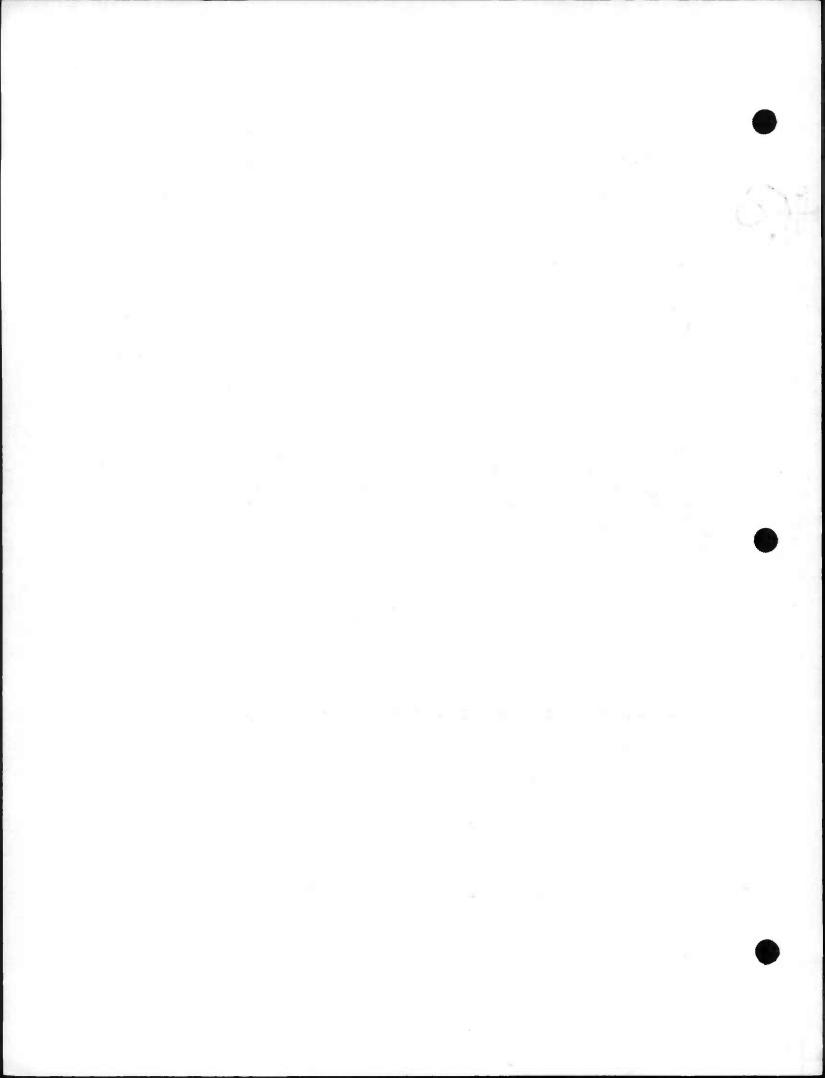
DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND N DEATH	MENTAL HYGIEN REG. NO.	E 9-9-9	4 2:50PM
		1, DECEDENT'S NAME (First, Middle, Last)	KatharineMod	ore Hall	Ho	211	2. DATE OF DEATH MONTH D	199	3. TIME OF DEATH 250 PM
		4. SOCIAL SECURITY NUMBER 214-20-4433	1 D M 2 D 87	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Warch 1	1907	BIRTHPLACE (State or Foreign Country) Georgia
TOB		99. FACILITY NAME (If not institution, give still Pleasant Living Correspondence of Decement		1		R LOCATION OF DE Water	ATH	9c. COUNTY Anne	e Arundel
DIRECTOR		10e. STATE 10b. COUNTY	Arundel	10c. CITY, 1	Lothia				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FIINFRAI		100. STREET AND NUMBER 5311 Solomons Isl	and Road		101.	20711			OF WHAT COUNTRY?
Š		1t. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 Tyes IF YES, GIVE WAR OR DATE	2/VNO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED		15. DECEDENT'S EDUC (Specify only highest grade : Elementery/Secondary (0-12)	CATION 10 Completed) College (t-4 or 5+)	6e. DECEDENT'S US (Give kind of work life, Do NOT use n	k done during mos etired.)	N it of working	t6b. KIND OF BUS		
N D			4	Chem	ist			emistr	у
		17. FATHER'S NAME (First, Middle, Lest) John Moore					ME (First, Middle, Meiden garet Robe		
a a	- 11	19e. INFORMANT'S NAME (Type/Print)		196. MAILINO AD	ODRESS (Street or		loute Number, City or Tow		de)
2		Margaret H. Horr		3805 E	ast Mad	dison St.	Seattle, W		
		20a METHOD OF DISPOSITION 1 Pluriet 2 Cremetion 3 Remo	St.	ery, crematory or other James	Cemeter	ry 9/17	/94 Lot	thian, N	ver Town, State Viary land
CYG		21. SIGNATURE OF FUNERAL SERVICE LICE	hiller		147 D	uke of G	Bloucester	St. Anı	Funeral Home napolis, MD
		IMMEDIATE CAUSE (Finel disease or condition	omplication that caused the last only one cause on each	he deeth. Do not		A .	/	ratory errest	Approximate interval Between Onset and Death
2		resulting in death) Sequentielly list conditions,	DUE TO (OP) AS A C	ed C	hrom	is al	tes		Jewie
CERTIFICATION		if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ion /	n y	au.			
- C			l						
MEDICAL		PART II. Other algorificant conditions Had a Drawma atout	s contributing to death but we will be		monning	reause given in in in in in in in in in in in in in	Part I. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? t YES 2 NO
		DID TOBACCO USE C	ONTRIBUTE TO C	AUSE OF I	DEATH M	ES MO			
PHYSICIAN		EXAMINER?	HOSPITAL:		THER.	ACE OF DEATH (Che			
C 3	- 11	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	IED .
TED BY		2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, term, stre	et, tectory, office		28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
COMPLET		onal .	CIAN: To the best of my knowled						euse(e) end menner ee stated.
BE CC	ш	296. SIGNATUS AND TITLE OF CENTIFIER	111	# m	1	29c. LICENSE NUM			ONED (Month, Of); Hear)
2		30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, D	thia.	MI	207	, /	17/1777
		31, DATE FILED (Month, Day, Year) SFP 1 G 1001	32. REGISTRAR'S SIGNAT	DRE P		1			

 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedis i nan			CENTIF	ICALE	UF	DEATI		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	NI IP T	CON	TT 4 1/1/2	NID			- 1	2. DATE OF DEATH DATE		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	SON	HAMMO				\rightarrow	Sept 12	1994		2:30pm M
		1 M 2 F		rs. last birthday) YRS.	IF UNDER 1		IF UNDER 24 HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign ry)
	705-10-5567 9a. FACILITY NAME (If not institution, give st	41	89	Tho.					Jan 29 1			4D
œ		reet and number)					LOCATION		ГН	9c. COUI	NTY OF D	EATH
DIRECTOR	131 McCoy Lane		Ris	ing	Sun			Ce	cil			
EC	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY		
뜶	MD			Ba	Ltimo	ore						LIMITS?
	10e. STREET AND NUMBER						ZIP CODE			10a, CITI	ZEN OF V	WNAT COUNTRY?
EP.	3333 N Charles	St					212	1 2		US		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13, W	AS DECE			ORIGIN? (Specify Yea			E — American Indian
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W			lf :	yes, spec		Maxican,	Puarto Rican, atc.)		Speci	E — American Indian, k, Whita, atc.
ΒX	3 😾 Widowed 4 🗌 Divorced	11 120, 0072	AN ON BAIL	•	1 ''	123 2	Z X NO	аресну.				ite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16.	a. DECEDENT'S (Give kind of v	USUAL OCC	CUPATION	N of unding		16b. KIND OF BUS	INESS/IND		116
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5)	life. Do NOT us	e retired.)	my most	or working					
MPI	12	2	7	Valuat	ion	Eng	ginee	er	Transp	orta	tio	n
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAME	E (First, Middle, Maiden	Surname)		
BE (John F Brisco						Mari	ie F	Hammond	Bens	on	
5	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street and	d Number or	Rural Roo	ute Number, City or Town	, State, Zip	Code)	
۴	Thelma H McCo	У		1233	Tele	gra	iph I	Rd F	Rising S	un M	1D 2	1911
	20a, METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramo	wal from State		ACE AND DATE (ION (Nam	ne of		DATE 20c, LOC	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)	0		01iv	et		9	-16	-1994 B	alt	imo	re MD
	21. SIGNATURE OF FUNERAL SERVICE LIC				ADDRESS	OF FACIL	LITY					
	af the	1			1				neral Ho			vp 01011
-	23. PART i. Enter the diseases, or o	omplications the	t ceused th	e deeth. Do r	eth. Do not enter the mode of dying, such se cerdiec or respiratory strest, Approximate							
	ehock, or fleert feilure. I	let only one ceu	ee DN eech	iine.								interval Between
	iMMEDIATE CAUSE (Finei diseese or condition	^			0	1	+	+				Onset and Death
	resulting in death)	DUE TO	(DR AS A CO	MYMAL DISEOUENCE OF	8	1	SONA	Ne				/Ap.
,	_				of prostate Inp.							i v l
CERTIFICATION	Sequentisity liet conditions, if eny, lesding to immediate	DUE TO	(OR AS A CO	INSEQUENCE OF	SEQUENCE OF):							
8	cause. Enter UNDERLYING			MSECULACE OF):								
Ē	CAUSE (Diseese or Injury that Initiated events	DUE TO	(OR AS A CO	INSEQUENCE OF	NSEOUENCE OF):							
	resulting In death) LAST	ı										
	PART II. Other eignificent condition	s contributing to	death but	not resulting	lo the und	erlying	course of	on in D	art I. 24a, WAS AN	ALCTORON		WEST AUTOROUS TORONOO
EDICAL				not resulting	iii tiie uiiu	enying	cause giv	ישוו ווו די	PERFOR		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- Serenz	uner	110						1 YES 2	NO.		OF DEATH?
	DID TOBACCO USE C	ONITRIBLITE.	TO CA	LICE OF	DEATH	LVE		NO 1	= ,			1 TYES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	ONIKIBUIE	10 CA	AUSE OF	DEATH				⊠			
ᅙ	EXAMINER?	HOSPITAL:		8 _ 1	OTHER:		ICE OF DEA	ITH (Checi	k only one)			
₹	1 YES 2 NO	1 Inpatient 2 26a. DATE OF			- v				Other (Specily)			
	1 Natural 5 Pending	(Month, D		28b. TIM	URY 2	WOR	IK?	- 1	Red. DESCRIBE HOW IN	IJURY OC	CURED	
à	2 Accident Investigation	28a PLACE O	E IN HIEW	Al home, farm, s			E\$ 2 🗌 I	-				
	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)	Ar nome, tarm, t	street, ractor	у, опіса		1	Ref. LOCATION (Street a City or Town, State)	nd Number	or Hural I	Route Number,
COMPLETED	29s. CERTIFIER	S10-200-1002-0	// ·									
M M	(Check only T 24 CERTIFYING PHYSIC											
8	2 MEDICAL EXAMINE		camination an	nd/or investigatio	n, in my opi	Inlon, de	ath occured	f at the tir	me, data and placs, sno	dua to th	s cause(s	a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	1					29c. LICENS	SE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)
2	Volus a	(h) x	(MG)				W-	1(11	7		1-1:	5-94
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAD	OF DEATH	(ITEM 27) (Type,	Print)	25	1	0	\	-	110	
					4	mer 3		-	. Α / λ		2 11	
		OM MO	()), (5, 45		1	Sino	17	07 10 0	,	210	(1)
	31. DATE FILED (Month, Day, Year) SEP 1 4 '94	32. REGISTRA	A'S SIGNATU				Sino	2	07/1/10	\-	210	(1)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	A nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-tram, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	le medical examiner must be notified at once.

	FOR 1 . STATE		STATE OF I	MARYLAND						MENTA	L HYGIEN	E	7	Las V		
	REGISTRAR			С	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO.		_			
	1. DECEDENT'S NAME (First, I Erma	Middle, Last)		Hitchens						2. DATE OF DEATH DAY YEAR 9 14 1994				3. TI	O. 45	۸
	4. SOCIAL SECURITY NUMBE		5. SEX 6. AGE (in yrs. last bi			y) IF UNDER 1 YEAR IF UNDER 24 HRS.							101 401	2:45 A	·Μ	
	222-01-2477	in .	1 M 2 XF 83 YR			MONTHS DAYS HOURS			MIN.	(Mont	h, Day, Ybar)		Count	try)		_
	9s. FACILITY NAME (If not inst	election at a se		83	1110.	01 017		21227	011 07 07		23/1911		Wilmington, DI			E
DIRECTOR	Calvert Man	or Nu		ome	Rising Sun Ced							DEATH				
EC		10b. COUNTY	,		10c. CI	Y, TOWN	OR LOCAT	ION							INSIDE CITY	_
8	MD	l	Rising Sun									YES 2 W NO				
	10e, STREET AND NUMBER					-	. ZIP COD	E			10g. CIT	IZEN OF	WHAT (COUNTRY?		
E	Telegraph	Road						219	11				US	A		
BY FUNERAL	11. MARITAL STATUS 12. WAS DEC			NT EVER IN U.S. A 1 YES 2 X WAR OR DATES			If yes, spe		n, Mexica	n, Puerto	N? (Specify Yer Ricen, etc.)	or No-		E – Ar ck, White	nerican Indian, e, etc.	Ī
Q	15. DECE	DENT'S EDU	CATION							160	, KIND OF BU	SINESS/INI				-
	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5	Give kind of fe. Do NOT u	work done se retired.)	SUAL OCCUPATION rk done during most of working retired.)										
COMPLETED	8	,			Hom	emal	cer				Owi	n Ho	me			
ON I	17. FATHER'S NAME (First, Mid	idle, Last)		16. MOTHER'S NAME						ME (First,	Middle, Malden	Sumame)				
BE C	Joel H. Mege	onigal						Sa	die	Hell	er					
TO B	19e. INFORMANT'S NAME (Ty)										ber, City or Tow				-	ī
F	Alice J. Hito	chens		2	28 Fr	ench	St.	, Pe	enns	ville	, NJ	08070)			
	Alice J. Hitchens 28 French St., Pennsville, NJ 08070 20s_NETHOD OF DISPOSITION 1															
	H. SIGNATURE OF FUNERAL SERVICE LIGENSEE 122. NAME AND ADDRESS OF FACILITY Spicer-Mullikin Funeral Homes, Inc. 1000 N. DuPont Pkwy. New Castle, DE											c.				
	23. PART I. Enter the dis														Approximate	T
	anock, or ne IMMEDIATE CAUSE (Find disease or condition reculting in death)		Resp	iratory		re									Onset and Dec	
	l resulting in death)			O (OR AS A CONS												
z	was a superior and the same		Chro	nic Obs	truct	ive	Pulm	ionai	ry D	isea	se					
OIT	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Chronic Obstructive Pulmonary Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.															
ERTIFICATION																
0	PART II. Other algnificer	nt condition	e contributing to	o death but not	reculting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	24	b. WER	AUTOPSY FINDING	GS
<u>8</u>											PERFO		74	COM	ABLE PRIOR TO PLETION OF CAUSE	
MEDICAL				_							1 TYES	Z <u>№</u> NO			EATH? YES 2 🗀 NO	
					-										TES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL					26. PI	LACE OF D	DEATH (C)	neck only o	ne)					_
200	EXAMINER? 1 ☐ YES 2 ☑ NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:	s	anldanna	4 D Oth	er (Constitut					
HYSICIAN:	27. MANNER OF DEATH		28s. DATE O	F INJURY	28b. Ti	WE OF	28c. INJ	JURY AT		28d, DESCRIBE HOW INJURY OCCURED					-	
4	1 🖾 Netural 5 🗆 F	(Month,	Day, Year)	16	JURY		ORK? YES 2 [NO								
ED BY	3 Suicide 8 0	nvestigation Could not be letermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								81. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	CONSON ONLY		SICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. ER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
BE CO	29b. SIGNATURE AND TITLE			V	ni)			ENSE NU)				th, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WI	×	USE OF DEATH (I	TEN 270 (5=	o Print)		-	1 /	10			17			_

901 Warburton Road, Elkton, Maryland

DHMH-16 Rev 1/89

William F.

31. DATE FILED (Month, Day, Year)

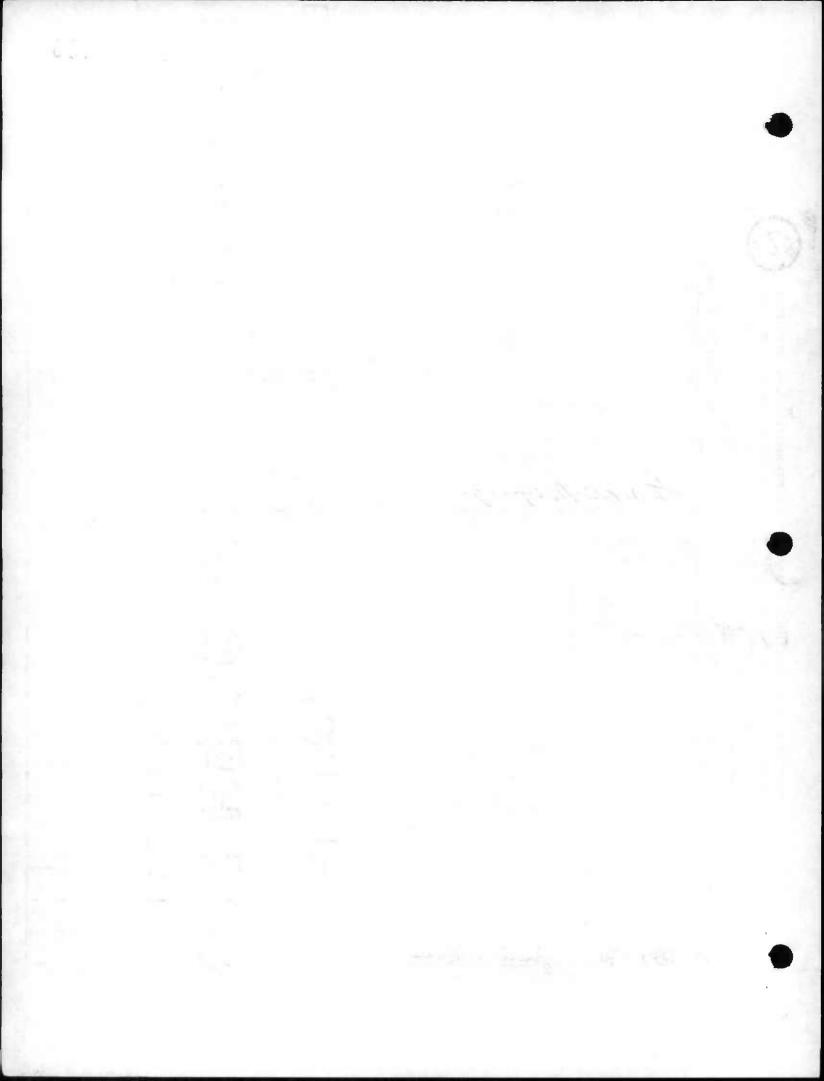
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

hie Davidson-Rendell

Renzulli



FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

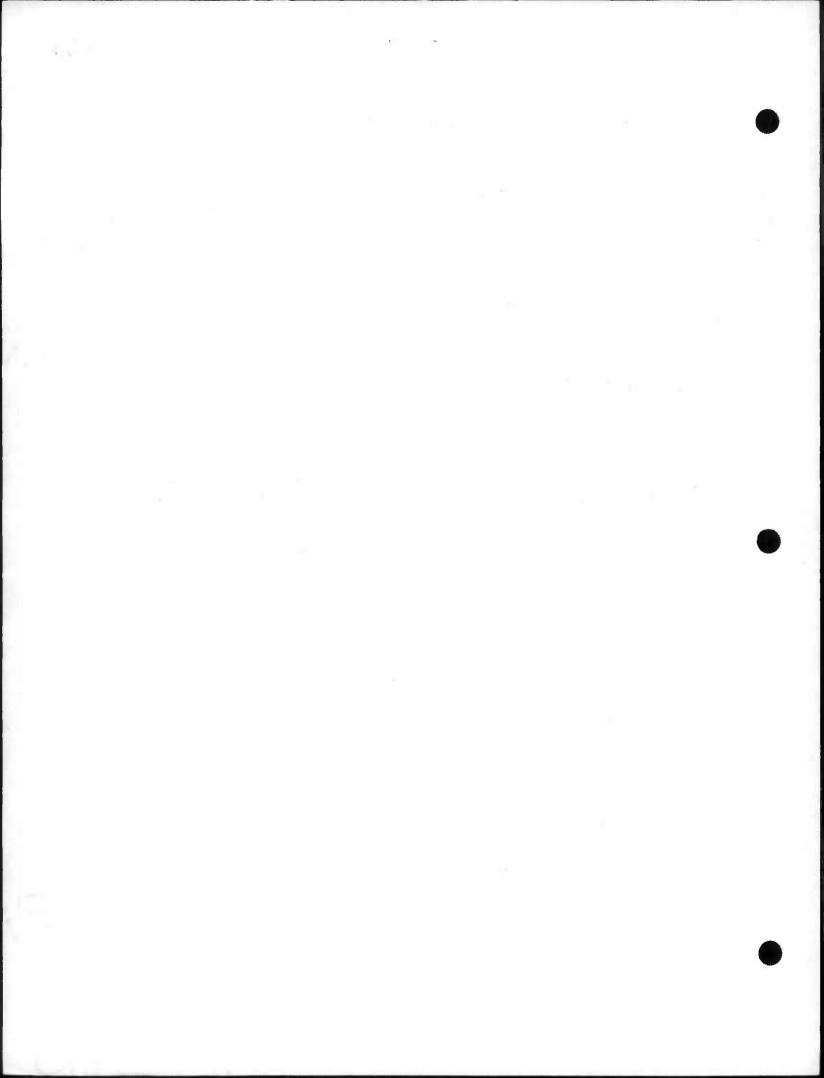
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - STATE REGISTRAR	CERTIFI	CATE (OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH	
	WIL FRED, BUSTOCK, HA	ITHAW	04		MONTH DA	YEAR 94		
		yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIR	THPLACE (State or Foreign	
	215-32-6845 IXM20F 7	YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year)	G Cou	MA	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF O	EATH	9c. COUNTY OF		
DIRECTOR	FALLS TON, GENERAL HOSPITAL		FAL	FORD				
Ĕ	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR L	OCATION			10d. INSIDE CITY	
5	MD Harford			Churchvill	е		LIMITS?	
A	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?	
H L	316 Glenville Road			21028		U	SA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 X YES				VIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced PORCES FASS GIVE WAR OR DATE			t, specify Cuben, Mexico YES 2 X NO Specif			ocity: White	
3		180. DECEDENT'S I			16b. KIND OF BUS	SINESS/INDUSTRY		
w	Elementary/Secondary (0-12) College (1-4 or 5+)	_ life. Do NOT use	retired 1	g most of working Graduate				
2	5+	Director	of	Studies	Towson	State U	University	
COMPL	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Surname)		
BE		Hathaway	<i>y</i>	Mar	ian B	ostock		
0	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow	n, State, Zip Code)		
- 1	Mrs. Patricia J. Hathaway			185, Chui	chville, M	D 2102	8	
ı	20e, METHOD OF DISPOSITION 1 23 Buriel 2 Cremetion 3 Removal from State 20b.	PLACE AND DATE O	FDISPOSITION her place)	N (Name of	DATE 20c. LO	CATION — City or	,	
- 1	4 Donation 5 Other (Specify) C}	<u>iurchvill</u>		s. Ch. Ce		<u>lurchvil</u>	le, MD	
	21. SIGNAL ORE OF FUNERAL SERVICE LICENSEE	Λ		e and address of fa	Funeral I	Home, P	. A .	
	Madelyn Mitchell Ste	aux		re de Gra		21078-31		
	23. PART I. Enter the diseases, or complications that caused shock, or hasrt failure. List only one cause on ea	the death. Do no	ot entar tha	moda of dying, suc	h ss cardiac or respi	ratory arrest,	Approximate	
	IMMEDIATE CAUSE (Final		- 4.6	,			intarval Between Onset and Death	
	disease or condition	ar fib	rilla	tion			10 mn	
	DUE TO (OR AS A	CONSEQUENCE OF):	4 . [1.	4		
5	Sequentially list conditions, If any leading to immediate	Myo	card	ial in	archion	, acule	, 72 hs	
	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):	J		/		
2	CAUSE (Disease or injury that initiated events	CONSEQUENCE OF):					
HIFICATION	resulting in dasth) LAST		,			İ		
2	d							
CAL	PART II. Other significant conditions contributing to death bu)		iying cause givan in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
5 1	Cardiogenic hypo,	ension)		1 YES 2		COMPLETION OF CAUSE OF DEATH?	
N	Renal failure				OF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH	YES NO				
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			8. PLACE OF DEATH (Ch	eck only one)			
2	1 YES 2 NO 1 Inpatient 2 ER/Outpa	tlent 3 🗆 DOA	OTHER: 4 - Nursing	Home 5 - Residence	8 Other (Specify)			
5	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED		
2	2 Accident Investigation		_	YES 2 NO				
9	3 Suicide S Could not be determined 28e. PLACE OF INJURY - building, etc. (Specific determined)	— At home, ferm, st	reet, fectory,	office	281. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,	
ā	an orangem							
COMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowle							
5	MEDICAL EXAMINER: On the beele of examination	end/or investigation	i, in my opinio	on, death occured at the	time, date end piece, en	d due to the ceuse	(e) end menner ee stated,	
2	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	The second second	29d. DATE SIGNI	ED (Month, Day, Year)	
	H. 1741CL 11711)			1736	425	D 9/1	5/74	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ГН (ITEM 27) (Туре,	Print)			,	7	
	Haam MALL, 110							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	or Rardall						
	SFP 1 9 1994 Julia Davel	on wardall						



	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	Richard G.	Hane	v			September		7:45 a. w
	4. SOCIAL SECURITY NUMBER S	S. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	093-20-5928	MD#20F 66	5 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-20-192	7 Can	nada
	9e. FACILITY NAME (If not institution, give street	et end number)	91	. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
DIRECTOR	Physicians Memor	ial Hospita	1	LaP1	ata		Charles	s
다 대	10e. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Charle	S	Wa	ldorf				LIMITS?
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	Rt. 925 N, P. O.	Box 737			20604		USA	
5		12. WAS DECEDENT EVER IN FORCES? 1X YES				C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No- 14. RAC	E — Americen Indien, k, White, etc.
8	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1946-194	ITES		2 NO Specify:		100	hite
ED	15. DECEDENT'S EDUCAT		16e. DECEDENT'S US	IAL OCCUPATIO	M	16b. KIND OF BUS		MIT CE
	(Specify only highest grade co.	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo:	at of working	IOU. KIND OF BUS	INCOO/INDOOT N	
PL	Editional y (0-12)	2	Manage	c		Heating	& Air (Conditioning
COMPLET	17. FATHER'S NAME (First, Middle, Last)					RE (First, Middle, Maiden		
BE	George Allison Ha	ney			Beulah	Gertrude J	acocks	
0	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	Rith E. Haney					f, MD 2060		
	1X Burlet 2 Cremetion 3 Remove		PLACE AND DATE OF C etery, cremetory or other Wango Ceme		me of	9-19 Sali	CATION — City or T	
	21. SIGNATURE OF BUNGALL SERVICE LICES		Wango can		D ADDRESS OF FAC		SDULY, I	
	Benjamin M.	Matthews MO	0650		Funeral			
	23. PART I. Entar the diseasea, or cor					, Waldorf,		
	ahock, or heert feiture. Lis	st only one cause on a	ach line.	enter the mo	ae or dying, such	ea cerdiec or respir	atory errest,	Approximate interval Between
}	iMMEDIATE CAUSE (Finei disease or condition	Aprile	Donhis	afery	101	1100		Onset and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENÇE OF):	12/10/19				<u> </u>
z		Diffus	· Inter.	shhal	xim	of Dife	and	1
CERIIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO OR AS A	CONSEQUENCE OF):	1	Α. Λ	Ciona		
2	CAUSE (Disease or injury	THE TO (OR AS A	CONSEQUENCE OF):	naria	MUM U	16/10/		
	that initiated events resulting in death) LAST	VOILEY	Rack To	il may	Treo	funtec	lien	
	d	John	resp.,	1	710.0			
Ä	PART II. Other aignificent conditions	contributing to death be	ut not resulting in t	he underlying	ceuse given in i	Part I. 24s. WAS AN PERFORE	AUTOPSY 240 MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	Dilease with co		privata	The San	LUNT	1 YES 2	□ NO	OF DEATH?
Σ			-	7 7-0	COLT K			1 TES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONIKIBUTE TO	CAUSE OF I		ES NO			
2	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che	1 64 10		
	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME O	F 28c. INJ	JRY AT	26d. DESCRIBE HOW IN	IJURY OCCURED	
- 10	1 Natural 5 Pending	(Month, Day, Year)	INJUR	r wo	RK? ES 2 NO			
1 64	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, ferm, stre	et, factory, office		261. LOCATION (Street a	nd Number or Rural	Route Number,
COMPLETED	4 Homicide determined	building, etc. (Spec	"")			City or Town, State)		
5 1	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occurred a	t the time, date	end place, end due	to the cause(e) end men	ner se stated.	
5	one) 2 MEDICAL EXAMINER:							e) end manner ee stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIER	2011			29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)
2	forchel	Kon			D37174	<u> </u>	D 9/	15/84
-	36. NAME AND ADDRESS OF PERSON WHO			,				·
	Song Chol Chon, M. I). 7C Post (Office Roa	d Cenn	a Center	Waldorf,	Maryland	20602
	SEP 1 9 1994	Java Davelso	or Road- 11					
- 1	OF! I 0 1004	1	The same of the sa					

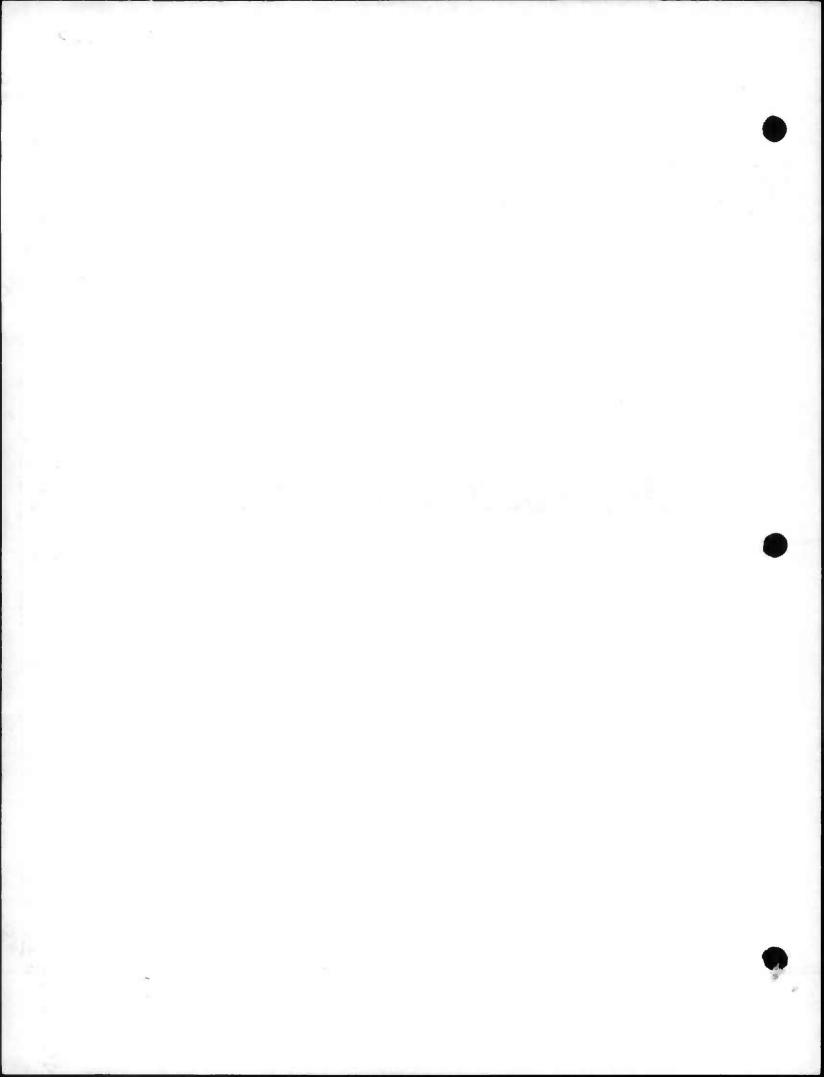
1.

-	e de e	permit.	75°, 10°
BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit in, or removal.	re medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit; be filed within 72 hours after death with the State Dest. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI	ENT OF HEALTH A	ND MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, I				2. DATE OF DEAT		
4. SOCIAL SECURITY NUMBER		In yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24		<u> </u>	12:00 p.M
217-10-8980	1 🔀M 2 🗌 F	87 YRS. MONT	HS DAYS HOURS I	07/2.	3/1907 Ma	aryland
9a. FACILITY NAME (If not institution, Nursing & Rel RESIDENCE OF DECEDEN	habilitation	cd Bay Center	Cambridg		9c. COUNTY OF	chester
10e. STATE 10b. CC		10c. CITY, TO	wn on Location Cambridg	Θ.		10d, INSIDE CITY LIMITS? 1 YES 2 YNO
			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
10a. STREET AND NUMBER RFD #3, Cass 11. MARITAL STATUS	ons Neck Road	E	2161	3	υ.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECENDENT OF I	Mexican, Puerto Rican, et	E.) B(c	CE — American Indian, lick, White, etc.
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	16b. KIND O	F BUSINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Operator	Win	ce Cloth	
17. FATHER'S NAME (First, Middle, Las	0		18. MOTHER	L'S NAME (First, Middle, M	aiden Surname)	
John W. Hill				ie (Maide		ınknown)
ISS. INFORMANT S NAME (TyperPrint)			RESS (Street end Number or			21002
Mr. Edward I.		PLACE AND DATE OF DIS	Bottom Ro		c. LOCATION — City or	21082
1 Denution 5 Other (Specify)	Removal from State cem	etery, crematory or other pl	ece)			
21. SIGNATURE OF FUNERAL SERVICE	P LICENSEE	ewaro-pai	1 Cemeter 22. NAME AND ADDRESS	OF FACILITY	Cambrid	
- Hollond Ki	Luca-Hen	Newsoa	Curran-Br			
23. PANT Enter the diseases, shock, or heer fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caused ure. List only one cause on ea	the death. Do not each line.	_	such as cardiac or	respiratory arrest,	Approximate interval Between Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF):				/2007
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):				
cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE OF):				
resulting in death) EAST	d					
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Hitions contributing to death be Doug Douce	ut not resulting in the	underlying cause give	PE	AS AN AUTOPSY RFORMED? ES 2 NO	4b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
					i	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC.	AL T		26. PLACE OF DEAT	TM (Check only one)		
EXAMINER? 1 Yes 2 No	HOSPITAL:		HER: Nursing Home 5 - Resid		4	
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF	28c. INJURY AT		OW INJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Year)	INJURY	WORK?	ю		
	building, etc. (Speci	— At home, ferm, street,	factory, office	28t. LOCATION (S City or Town,	itreet and Number or Rura State)	I Route Number,
	PHYSICIAN: To the best of my knowledge. MINER: On the basis of examination					e(s) and manner as stated
			29c. LICENS			ED (Month, Day, Year)
296. SIGNATURE AND TITLE OF CERT	Carellan	<		14349	DATE SIGNI	20/94
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)			03.635	12/11
31. DATE FILED (Month, Day, Year)	M.D., 15 F	ranklin S	ct., Cambr	idge, MD	. 21613	
SEP 2 2 19	32. DEGISTRAR'S SIGNA	n-Kardall				





1 - STATE REGISTRAR		(CEKIJI	ICAT	E OF	EALTH AF	1		REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH			3. TIME OF DEATH
Elsie Margaret H	arrison							Se	bt. 7	8, 19	994	9:30 A. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER 24		, DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreign
192-26-1512	1 M 2 X F	62	YRS.	MONTHS	DAYS	HOURS M	MINE.	Nov	28.	1931	Country	igland
9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	Y, TOWN O	R LOCATION					NTY OF DE	
1121 Rosemont Dr.					Knoxi	ville				1	Frede	rick
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			I son CIT	V TOWAL	OR LOCAT	ION			-			
	rederick	2	100. 011	.,	noxu							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	reaence	<u> </u>		N		ZIP CODE				ton CITI	ZEN OE W	HAT COUNTRY?
1121 Rosemont Dr.					100.	217	158			log. Citi		I.S.A
	12. WAS DECEDEN			13.	WAS DEC			ORIGIN	i? (Specify Yee	or No—	14. RACE	- American Indian.
1 Never Merried 2 Merried	FORCES? 1	YES 2 WAR OR DATES	KHO		it yes, spe	city Cuben, N	dexicen, I	Puerto f	Rican, etc.)		Black, Specifi	White, etc.
3 NWidowed 4 Divorced						*						White
15. DECEDENT'S EDUCA (Specify only highest grade of			DECEDENT'S (Give kind of	work done	during mos			16b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5		Denta					1	Dentis	+ 041	lina	
17. FATHER'S NAME (First, Middle, Lest)			CIVO	- 1002	J/L.						nce	
William H. Boyce									Middle, Maiden			
19e. INFORMANT'S NAME (Type/Print)			401 14411 1146	400050	.				Robe			
Steven R. Harrison	n								Tx. 7		Code)	
20e. METHOD OF DISPOSITION	-		EAND DATE				iea				-	
1 Buriel 2 CCremetion 3 Remov	ral from etals						-19-	DATI	Sm	ithsh	City or Tow	Md
21. SEMATURE OF FUNERAL SERVICE LICE	Cope	Cinto										
of Tennis X	Total	wic)	1	Davis	Fune	ral	Hon	ne 125	25 Br	ıadbu	ry Ave.
23. PART I. Enter the diseeses, Dr CD									Smi	1 (1 X I) I I	IHA M	d 7//X4
shoot with set to the	mplications the	t ceused the	deeth. Do r						JIIN	uu	uly, M	d. 21783
shock, or heart fellure. Li	st Dnly Dne ceu	ise Dn eech li	lne.	not enter	r the mod	de of dying,	, auch e	es cerd	llec or reepi	retory err	reat,	Approximate interval Between Onset and Deeth
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TO BE COMPLETED BY FUNERAL DIRECTOR

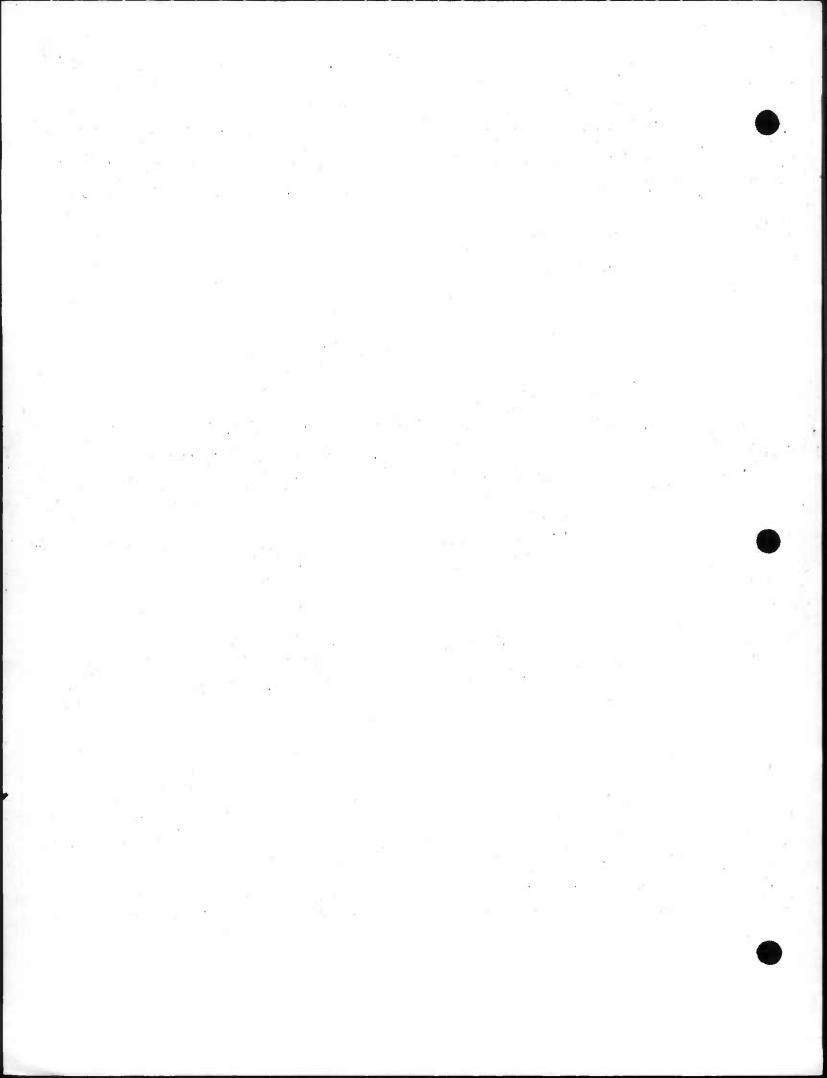
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transite filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 2 3 1994



	1	FOR STATE REGIST
		1. DECEDENT
l	Ì	4. SOCIAL SE
		213-40
ı	Ī	9e. FACILITY
ı	l	Washir
ı	Г	RESIDENC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

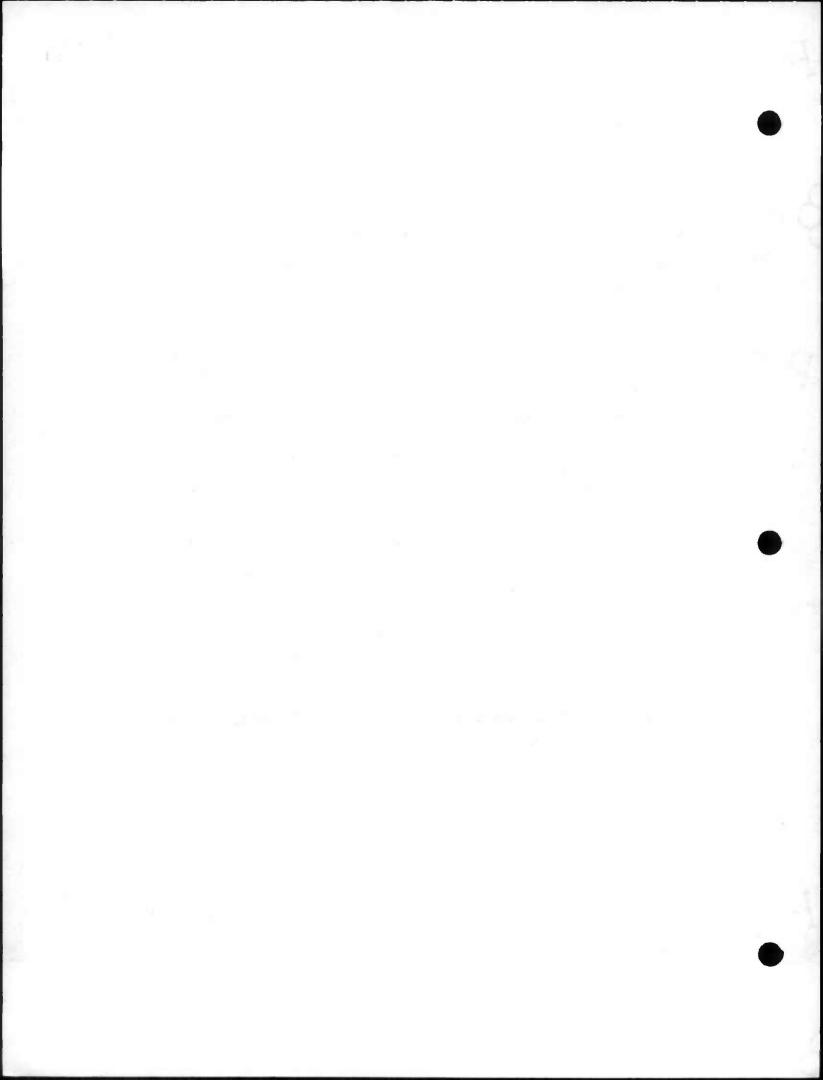
	REGISTRAR		CHILL	CAIL	PUEAL	П	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Sabe	4ENS	ON				2. DATE OF DEATH DA	1 - 4	YEAR OLL	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. id	ast birthday)	IF UNDER t YEAR	_		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	HPLACE (State or Foreign
	213-40-6638 1 D M 2 X F	68	YRS.	ONTHS DAYS	HOURS	MIN.	August 12	,192		Maryland
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	OR LOCATION	OF DEAT	тн	9c. COU	NTY OF E	DEATH
FUNERAL DIRECTOR	Washington County Hospita			Hagers	town			Was	hing	ton
EC	10e. STATE 10b. COUNTY		toc. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY
5	Maryland Washington		Clea	r _{Spri}	nα					LIMITS? 1 YES 2 NO
MA	10e. STREET AND NUMBER				IOI. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?
	13186 Gruber Rd.				21722			US		
		YES 2		If yes,	specify Cuben,	Mexicen,	ORIGIN? (Specify Yes Puerto Rican, stc.)	or No-	Blac	E — Americen Indien, k, White, etc.
à l	3 Wildowed 4 Divorced	MAR OR DATES		1 🗆 Y	ES 2 NO	Specify:			Spec	White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. D	DECEOENT'S U	SUAL OCCUPA	TION most of working		16b. KIND OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondery (0-12) College (1-4 or 5	+)	fe. Do NOT use	retired.)						
₽ P	17. FATHER'S NAME (First, Middle, Last)	H	<u>ousewi</u>	fe	1		Home			
	Earl Upton Myers						E (First, Middle, Melden :			
BE	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING /	ADDRESS (Stree			ute Number, City or Town		_	
٤	Cletus F. Henson,Sr.						Spring, M			
	20e. METHOO OF DISPOSITION 1V Buriel 2 Cremetion 3 Removal from State		E AND DATE OF	DISPOSITION	Name of		DATE 20c. LOC	ATION —	City or To	own, State
	1 X Buriel 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cedar	Lawn	Mem.Pa			4,1994 Hac	erst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/.			and address		I Home			21795
	Mary M. CM	om		425	S.Cono	coch	eague St.	Will	iams	port,MD
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one ca	it caused the dusa on each lin	death. Do no na.	t enter tha n	node of dyling	g, such	ss cardiac or respin	atory ar	res1,	Approximete interval Between Onset and Daath
1	disease or condition resulting in death)	Gore	SKI	rost	reg	Fa	rilage			
İ		(OR AS A CONS	EQUENCE OF	:	N.	,	1		. /	
NO	Sequantially list conditions, b. Fff	COD AS A CONS	EQUIENCE OF	cep	cial	0/	allya	m	- 7	7
CERTIFICATION	if sny, lasding to Immediata cause. Entar UNDERLYING	mil	96	Ar	rece	E				İ
Ĕ	that initiated events	(OR AS A CONS	EOUENCE OF		1	A	//		2	
	resulting in death) LAST	ere	Con	gos	17	12	Heart	FA	2 Se	Re
	PART II. Other significant conditions contributing to	death but not	reaulting in	tha undariy	ing cause giv	ven in Pa	art i. 24e. WAS AN		248	D. WERE AUTOPSY FINDINGS
EDICAL							PERFOR	. /	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC								dia		DF DEATH?
ä	DID TOBACCO USE CONTRIBU	TE TO CA	USE OF	DEATH	YES 🖂	NO	X			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	PLEASURE FILE		26. OTHER:	PLACE OF DEA	ATH (Checi	k bnly one)			
łYS	1 VES 2 NO 1 Mannet of DEATH 28e. OATE O	ER/Outpatient		4 - Nursing H		-	Other (Specify)	ulles oo	ALIES D	
	1 Netural 5 Pending (Month,	Day, Year)	INJU	RY	NJURY AT WORK? YES 2		100. DEŞCRIBE HOW IP	IJOHY OC	COMED	
D BY	3 Suicide 6 Could not be	OF INJURY — At I	home, term, st	reet, fectory, of	fice	2	28t. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural	Route Number,
	4 Homicide determined	, (-),,/					Only or nown, state)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	f my knowledge, o	death occurred	at the time, de	nte end plece, e	end due to	the cause(e) and men	ner ee sta	ted.	
S S	one) 2 MEOICAL EXAMINER: On the beels of	examination end/o	r Investigation	, in my opinion	, death occured	d at the tir	me, date end place, en	due to t	he ceuse(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	SE NUMB	ER C	29d. DAT	E SIGNE	(Month, Day, Year)
2	20 NAME AND ADDRESS OF BERGAN WILL COMP	ICE OF DECISION	TAL 07 -	D-11	113	55 4	17/	> 7	-)	-1-74
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL T. A. PASHA M.) 3	76 M			HAL	EB	Tow.	UI	40	2074
	SEP 2 3 1994 July Sand	AR'S SIGNATURE	4.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buda-transbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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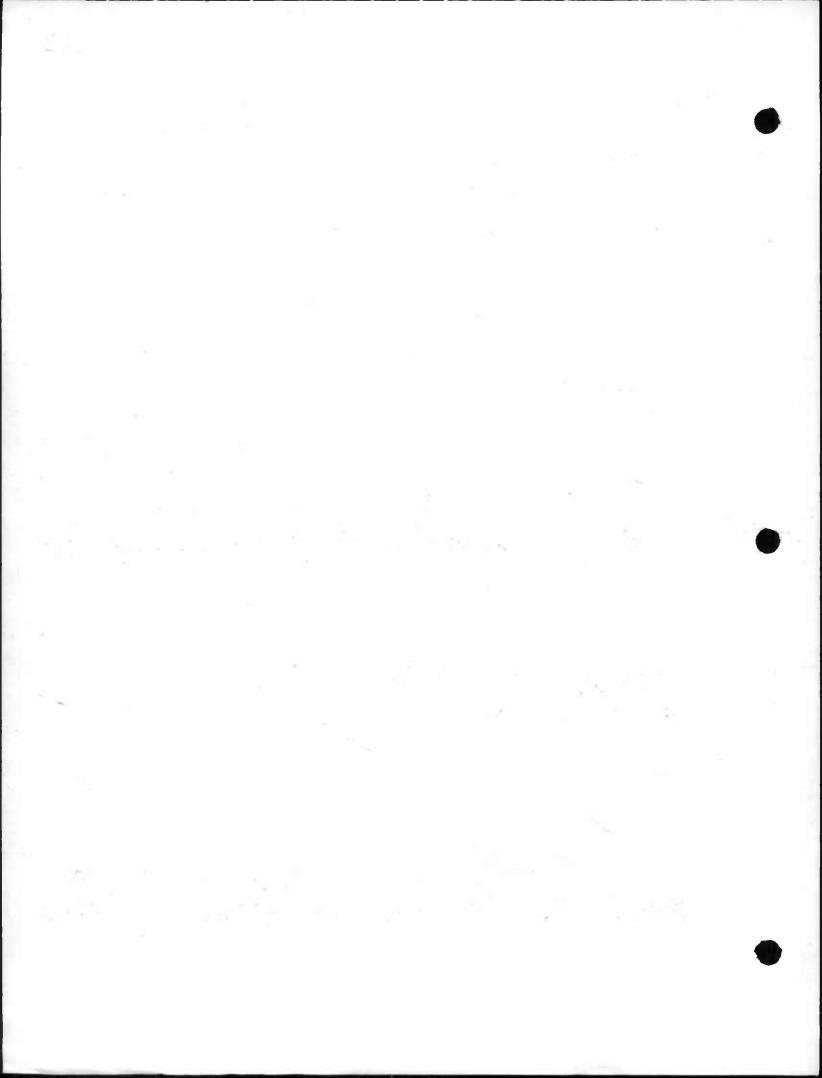
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CER	TIFIC	ATE OF	DEATH	ID MIL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH			3. TIME OF DEATH
	CONSTANCE MARGARET HARBAUGH					PTEMBER		YEAR QQ4	5:07 PM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birt	thday) IF	UNDER 1 YEAR	IF UNDER 24 H	00 7	DATE OF BURTH	41 1		IPLACE (State or Foreign
	236-22-5788 1□M2√RF 83 V	ras. MON	NTHS DAYS	HOURS MI	IN. AI	1g. 23, 1	911	Countr	
	9a. FACILITY NAME (If not institution, give street and number)	Ob.	CITY, TOWN O	B I OCATION C				INTY OF D	
DIRECTOR	Homewood Retirement Center			amspor				shin	
입	The state of the s	c. CITY, TO	OWN OR LOCATE	ION					10d. INSIDE CITY
뜻	Maryland Washington	Нас	gerstow	m					LIMITS?
	10e. STREET AND NUMBER	THAE		ZIP CODE			10a CIT	TIZEN OF 1	WHAT COUNTRY?
FUNERAL	273 South Potomac Street			21740				USA	A
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES			cify Cuban, M		RIGIN? (Specify Yaa uario Rican, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, Whita, atc. White
COMPLETED			JAL OCCUPATIO done during mos			16b. KIND OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	NOT use ret	tired.)	it or working		ŀ			
<u>4</u>	12 ho	mema	ker				hor	ne	1
Ö	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER	S NAME (First, Middle, Maiden	Surname)		
BE (Jessie Saddler Andrews			Ma	rgai	et Ann	Woo	dy	
TO B						Number, City or Town			
F	Pauline E. Feigley 216	Sumi	mer Sti	reet	Hag	erstown,	Mary	/lanc	1 21740
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND							Cify or To	,
	4 🗆 Donaties 5 🗆 Other (Specify) Rest Ha	iven	Cemetei	cy	1	9/24 Hage	erst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		GET AL	ADDRESS O	F FACILIT	ch 305	N. 1	Poton	nac Street
	equile 1 , o numeros			al Home					Maryland
	23. PART i. Entar tha diseases, or complications that caused the death.	. Do not e				cardiac pr respi	retory ar	rest.	Approximeta
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final	6	1						Intarval Between Onset and Daath
	disease or condition s. Due to (or as a consequent	NCE OFI:	DIE	Cler	la	ous a	16	rd	Color
N									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	NCE OF):							
FIC	CAUSE (Diseasa or injury	NCE OF:							
Ē	that initiated avants resulting in death) LAST								İ
S	d								
AL	PART ii. Other algnificant conditions contributing to death but not resta	iting in th	ha underlying	cause give	n in Pari	i. 24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	Disphala Coyostine 18	æ	176	alle		1 TES 2			COMPLETION OF CAUSE DF DEATH?
ME	1 /1 //			_					1 TES 2 TO
ä	Mixod C-XIAC								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH	H (Check o	nnly one)			
Sic	EXAMINER? HOSPITAL: 1 Inpetiant 2 ER/Outpetiant 3 0		THER: Nursing Home	5 🗆 Realde	пса 6	Other (Specify)			
호	27. MANNED OF DEATH 28s. DATE OF INJURY 26	b. TIME OF	F 26c. INJU	JRY AT		. DESCRIBE HOW II	NJURY OC	CURED	
LI LI	1 Natural 5 Pending (Month, Day, Year)	INJURY		ES 2 NO	0				
Э ВУ	3 Suicide 26s. PLACE OF INJURY — At home,	farm, etrae	it, factory, office		281	LOCATION (Street a	nd Numbe	or Or Rural I	Route Number,
TED	4 Homicide datarmined building, etc. (Specify)					City or Town, State)			
4	29a. CERTIFIER (Check only (Check only)	occurred et	t the time date	and alone and	4 due 40 41				
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation.								a) and manner as stated.
	29b. SIGNATURE AND OTLE OF SERVICER		T						
BE	11/1/1/10			29c. LICENSE	O / A	6/6	29d. DA	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PROSPAGATE COMPLETED CAUSE OF DEATH (ITEM 27) (Type Prin	nt)	DC	00	00		16	411
	PHIOLUDING W 747 NOS	460	in Anc	2 H	190	Holin	M	2	21742
	SEP 2 2 1994				_	-			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within— hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the buriat-man be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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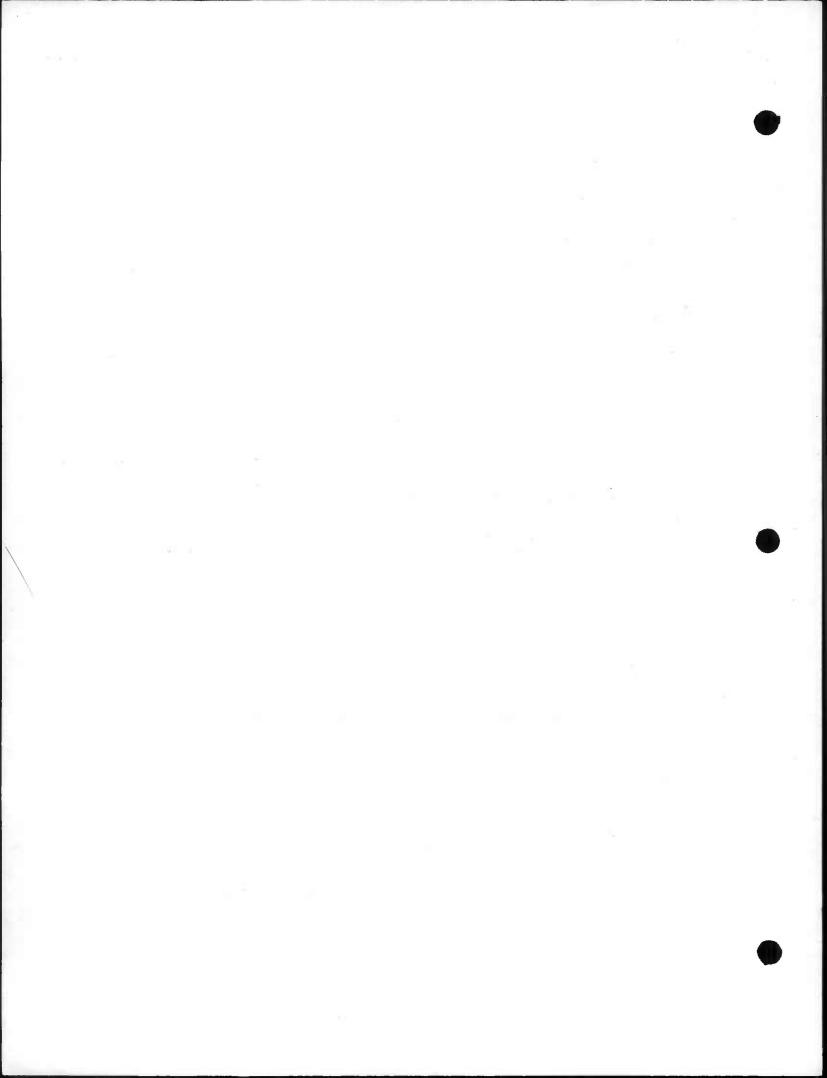
S. A. al		S.
BALTIMORE, MARYLAND 21215-0020	yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely file

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
REGISTRAR	CERTIFICATE OF DEATH R	EG. NO.

	1 - STATE REGISTRAR	SIMIE UF IN	NAKTLAND /		ICATE	OF II	DEAT	H H	IENIAL H	TGIEN EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH			TIME OF DEATH
	Ruth Irene HOOK								09		4	94	21:20 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER 1		IF UNDER		7. DATE OF B			8. BIRTHPL Country)	ACE (State or Foreign
	220-18-1754	1 □ M 2 🛣 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.		.907	Mary:	land
1	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, 1	TOWN O	R LOCATIO	N OF DEA				INTY OF DEA	
OR	Washington Count	y Hospita	a1			Ha	gerst	own			Wa	shing	ton
<u>[</u>	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT			Inc. CIT	Y, TOWN OF	LOCAT	ION			_		T 4	od. INSIDE CITY
DIRECTOR	Maryland Wash	ington					town						LIMITS?
1	10e. STREET AND NUMBER				mag		ZIP CODE				100 CIT	IZEN OF WHA	
FUNERAL	11 W. Baltimore						217					USA	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AR						C ORIGIN? (Sp. Puerto Ricen		or No-	14. RACE —	American Indian, Vhite, etc.
8	3 Wildowed 4 Divorced	IF YES, GIVE W					2 😿 NO		, r dutto micen	, 010.7		Specify:	
	15. DECEDENT'S EDU	ICATION	18a DE	CEDENT'S	USUAL OCC	CUBATIO	AJ.		TACK VINI	OF BUI	SINESS/IN	wh:	ite
H	(Specify only highest grade Elementary/Secondary (0-12)		(GI		work done du			7	160. KINI	OF BU	SINESS/IN	DUSTRY	
7	8	0	"		cashi	.er			d	epar	tmen	t sto	re
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle				
BE C	Charles F. Hous	е					Sı	ısan	E. Ba	gent	:		
10 B	19e. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	198	. MAILING	ADDRESS	(Street as	nd Number	or Rural Ro	oute Number, C	ity or Tow	n, State, Zi	ip Code)	
	Virginia L. Mark	er		80	5 Lei	sey	Circ	ele,	Ruski	n, F	lori	da 335	570
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 🔀 Cremetion 3 ☐ Ran	oval from State	20b. PLACE A cemetery, crei			TION (Net	me of		DATE	20c. LO	CATION —	City or Town	, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENOFE	Hage	rsto	wn Cr				6-94	Hag	gerst	town,	Maryland
	A STATE OF SHEAR SERVICE D	ma	h.				D ADDRES		AL HOM	E			
	20001	1//	unn	th	41	5 E	ast V	Vilso	n Blv	d.,	Hage	rstown	n,Md.21740
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the List only one cau	t ceused the de	ath. Do i	not enter t	he mod	de of dylr	ng, euch	ee cerdiec	or respi	iratory ar	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel												Oneet and Death
	diseese or condition resulting in deeth)	BRBA DUE TO	ST CA	201	312 1	W17	TH	ME	TAS-	TAS	11		
		DUE TO	(OR AS A CONSEC	DUENCE O	F):						_		
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	DUENCE O	F):					-			-
CAT	If any, leeding to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Diseese or injury that initieted evente	DUE TO	(OR AS A CONSEC	UENCE O	F):								
	resulting in deeth) LAST	d											
	PART II. Other eignificent condition	ne contributing to	deeth but not re	eeulting	in the und	Jerlying	ceuse q	lven in P	art I. 24a.	WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
2						, ,	Carlot e			PERFOR	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
									_ ' -	YES 2	□ NO	1	DEATH?
2	DID TOBACCO USE	CONTRIBUTI	E TO CAU	SE OF	DEAT	HY	ES 🔲	NO				'	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL				~	26. PL	ACE OF DE	ATH (Chec	k only one)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:		5 Res	ildenca 8	☐ Other (Spe	icify)			
E	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM	E OF 2	28c. INJU			28d. DESCRIB	E HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y		NO					
	3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY - At horatc. (Specify)	me, ferm,	street, factor	ry, office			28f. LOCATION City or Tox		and Numbe	or Rural Rout	te Number,
COMPLETED													
P	29e. CERTIFIER (Check only one)												111-
Š	2 MEDICAL EXAMINI	ER: On the besis of ex	xamination and/or i	nveatigatio	on, in my opi	inion, de	ath occurs	d at the ti	me, date end	place, en	d due to t	he ceuse(s) e	nd manner es atated.
BE (296 SIGNATURE AND TITLE OF CENTIFIE	HA					29c. LICE	NSE NUMB	BER		29d. DAT	TE SIGNED M	onth, Day, Yhar)
2	ru Kar	5					1) 8	123	313			1	1-13-17
	30. NAME AND ADDRESS OF PERSON WE	Mi	SE OF DEATH (ITEN	1 27) (Type	Print)		ad	TY	Ho	Thi	TAL		
	31. DATE FILED (Month, Day, Year)	32 RE-05TD	A'S SIGNATURE	1116					0,0	500			
	31. DATE FILED (Month, Day, Year) 6 199	4 Julia	Dendeny	Pandal	.A.								
	321 - 100	-1/	· · · · ·	1									DUMU 40 B 4/00



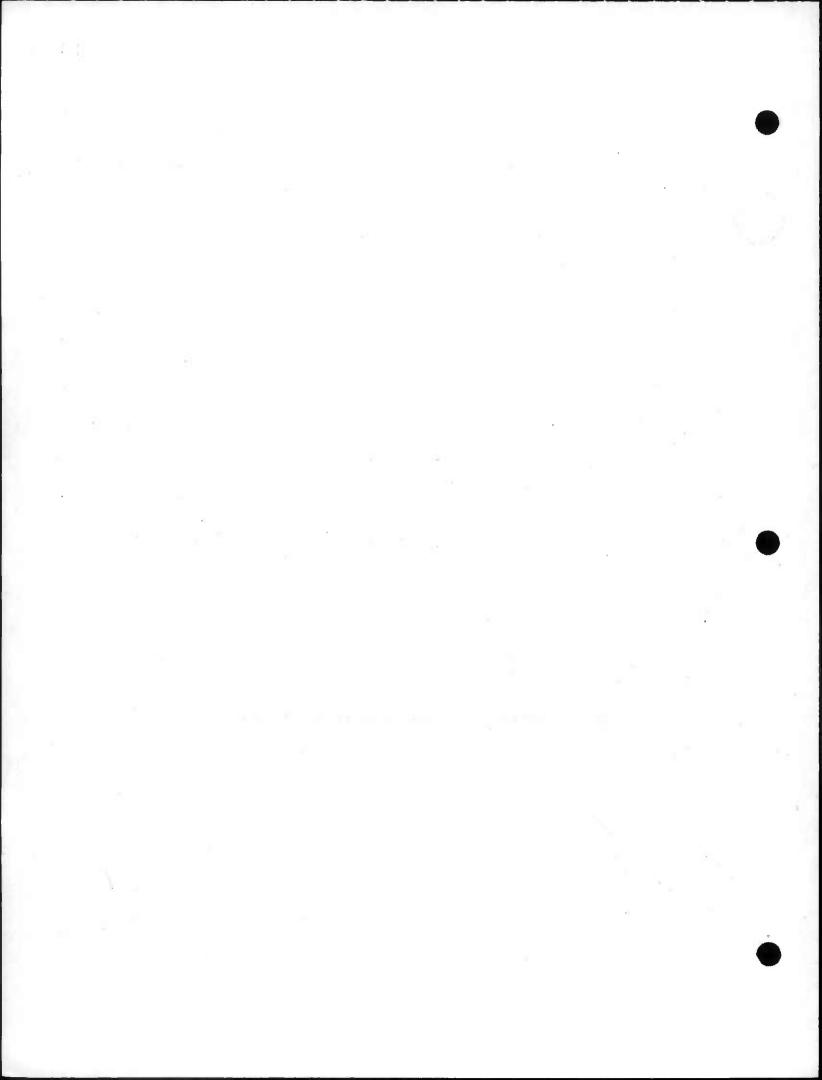
1	•	FOR STATE REGISTRAF

	1 - STATE REGISTRAR	SIAIE OF MARTLA		ICATE OF		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	4				2. DATE OF DEATH		3. TIME OF DEATH
	Helen Lorraine HU	200				September	้ 18, 1	994 M
			n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			BIRTHPLACE (State or Foreign Country)
		□ M 2 XF 71	YRS.	MONTHS DAYS	HOURS MIN.	Sept.23,19	22 M	Saryland
	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH
6	12 S. Walnut Stre	et, Apt. 50	5	Hage	rstown		Wash	ington
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
E	Maryland Was	hington		Hagers	town			LIMITS?
AL	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
4ਜ਼ 대	12 S. Walnut Stree	t			217	40		USA
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yea, sp		ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.) city:	or No — 14	Black, White, atc. Specify: White
E	15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S	USUAL OCCUPATION	ON of working	16b. KIND OF BUSI	NESS/INDUS	STRY
19		college (1-4 or 5+)	life. Do NOT us	se retired.)	ist of working			
COMPL	7	0	ho	omemaker		her own	home	
	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maiden S	lumame)	
8	19s. INFORMANT'S NAME (Type/Print)	_	Lancanana			e Cameron		
2	Charles E. Dick					Hagerstown,		· ·
	20e. METHOD OF DISPOSITION	20b.		OF DISPOSITION /N	:			y or Town, State
	1 X Burial 2 ☐ Cremation 3 ☐ Ramoval 4 ☐ Donation 5 ☐ Other (Specify)	from State came	Rest Hav	ther placa) 7en Ceme	terv (wn,Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS		-	22. NAME A	ND ADDRESS OF	FACILITY	,-2000	and June
	1 Sadi	1 Olins	well			ERAL HOME		W1 217/0
	23. PART I. Enter the diseases, or com	plications that caused	tha death. Do r	not antar the me	da of dying, au	och as cardiaq or reapir	atory arrea	t, Approximata
	shock, or haart failura. List iMMEDIATE CAUSE (Final disease or condition resulting in daath) a	DUE TO (OR AS A	selen		reav:	t dise	ave	Interval Batwean Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
2	0							
IEDICAL	PART II Other aigniticant conditions of		t not resulting	in the underlyin	g cauaa givan i	n Part i. 24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 .:	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES IT N	ю п		1 TYES 2 NO
PHYSICIAN: M	25. WAS CASPIREFERRED TO MEDICAL			28. P	LACE OF DEATH (
SIC	111	OSPITAL: Inpellent 2 TER/Outpe	itlent 3 DOA	OTHER: 4 Nursing Hon	no 5 Nasidence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT	28d. DESCRIBE HOW IN	JURY OCCUI	RED
В	1 Naturel 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
0	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, farm,	street, factory, offic	•	28f. LOCATION (Street ar City or Town, State)	nd Number or	Rural Route Number,
COMPLET	APRIL					us to the cause(s) and mann		
S	(1)	n the beele of examination	end/or Investigation	on, in my opinion, o	leath occured at ti	ne time, data and place, and	due to the o	ceuse(a) end manner ae atated.
TO BE	296 BIGHATURE AND STILE OF CERTIFIER	191)			29c. LICENSE N	UMBER	29d. DAT	4-616-1-61
	30. HAME AND AGDRESS OF FERBON WHO CO	y nDI	182	Print) Oal	'hill	aveno,	Hay	pastory 17/00
	SFP 2 0 1994	A REGISTRAR'S SIGNA	VATT				1	17/20170
	OFF GILIAMY	John Dendang	There are a distribute					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a feet of state death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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0 1	10	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attenting phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning has fined within 72 hours after clearly with the State Detr. of Health and Merital Hariffene prior to burial cremation, or removal	=
	_	

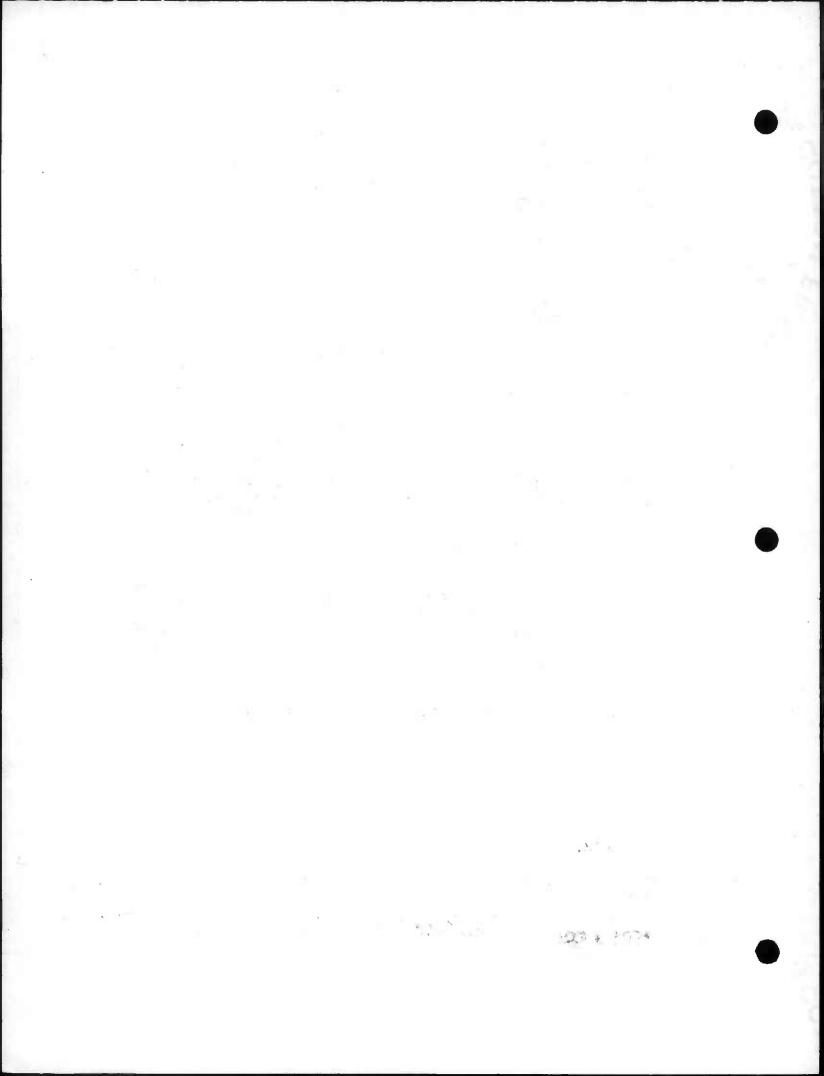
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_					19711		DEA			EG. NO.			
ŀ	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF O		,	VEAD	3. TIME OF DEATH
	SYLVIA MARIE I	MES							Sept	. 14	, 19	94	10:30 P
,	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)		R 1 YEAR	-	R 24 HRS.	7. DATE OF BI (Month, Day			8. BIRTH Countr	PLACE (State or Foreign
	220-10-8751	1 🗌 M 2 🔀 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan 25		16	Counti	"PA
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCAT	ON OF D		1		NTY OF D	
۳ ا	Memorial Hospita	al			Cui	mber	land			1	A1	lega	nv
DIRECTOR	RESIDENCE OF DECEDENT												2
H.	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	MD Alle	egany		Cu	mber	land	f						1 X YES 2 NO
A	10e. STREET AND NUMBER	A section				10	H. ZIP COD	E			10g. CITI	IZEN OF V	VHAT COUNTRY?
ᇤ	924 Maryland Ave	enue					2150	2			US	A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13.	. WAS OE	CENDENT (OF HISPAI	VIC ORIGIN? (Sp	ecity Yes	or No—	14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA	R OR DATES	Ямо		if yee, s	pecify Cubi	nn, Maxica Specif	in, Puerto Rican.	, etc.)		Speci	t, White, atc.
à l	3 Wildowed 4 Divorced				1							,	white
1	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	DECEDENT'S	USUAL C	OCCUPAT	ON of worki	na	16b. KIN0	OF BUSI	NESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u	se retired.))	OSI DI WOINI	''y					
١	12		_]	Retire	ed Bo	ookk	eepii	ng	Ba	ank			
5	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Maiden S	umeme)		
	Thomas Wimber	t Lashlev					I N	lary	Blanch	e Ia	mes		
	19a. INFORMANT'S NAME (Type/Print)	PER III		19b. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Number, Ci	ity or Town,	State, Zip	Code)	·-
2	Donna F. May		1	Route	1 B	0x = 3	69: 1	Flin	tstone,	MD	215	530	
1	20a. METHOD OF DISPOSITION			E AND DATE		_			DATE	20c. LOC	_		wn. State
	1 St Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery.	crematory or o	ther place	1		,	9/17			land	
	21. SIGNAPURE OF FUNERAL SERVICE LIC	CENSEE	11111	ICLES			ND ADDRE			Cui		Lara	, 120
- 1		111		// .	9	Scar	nell:	Fin	neral H	iame			
	funas T	XICan	RU	11					1D 215				
N	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. English Due to (d	Ategor as a cons	SEQUENCE O	7-	VI	>						Interval Batweel Onset and Daat
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	c. A5 0	OR AS A CONS	eran	57								
EDICAL	PART II. Other algnificant condition	a contributing to d	daath but no	t rasulting	In the u	ndariyir	ng cauaa	given in		WAS AN A PERFORM	ED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1	7		OF DEATH?
2	DID TOBACCO USE	CONTRIBUTE	TO CAL	USE OF	DEA	TH '	YES	1 NC					
This side.	25. WAS CASE REFERRED TO MEDICAL								eck only one)				
} ∥	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ED/Outpetlant	2 🗆 204	OTHE	R:							
	27. MANNER OF DEATH	28e. DATE OF II		28b. TIM		_		esidence	6 Other (Spe 28d, DESCRIB		IIIM OO	OUDED	
	1 Natural 5 Pending	(Month, Day		IN.	JURY	W	JURY AT ORK?	7.00	280. DEŞÇHIB	E HOW IN.	JUHY OCC	CURED	
	2 Accident · Investigation	20- 01 405 05	TAL H IPNY				YES 2	NO					
	3 Suicide S Could not be 4 Homicide datarmined	28e. PLACE OF building, a	itc. (Specify)	homa, tarm,	atreet, fac	ctory, offi	CA		28f. LOCATION City or Tox		d Number	or Rural F	toute Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE) and manner ea atated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. LIC	ENSE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
)	HE Mon	e la					D	289			10	9	15-911
2 ∦	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH /	TEM 27) /You	Print)		U	203	10			1-1	5 77
	Dr. H.C. Merr	ick Mem	norial	Hoc		al	Medi	cal	Blda	C11	mbe	rla	nd. MD
	SEP1 8 1994	P2 PS STR	's sign Tue	A.									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JR A	HEC	E	
	TAL	AL D	=	
	SP	JNER		
1	1	HH	BE	
1	THE COPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with burs after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND C		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Bady Girl Joues	-		2. DATE OF DEATH DO NORTH D	AY 19 Q	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	YRS. MONTH	<u> </u>	7. DATE OF BIRTH (Month, Day, Year) 8 3 1 9	8. Bi	RTHPLACE (State or Foreign buntry)
DIRECTOR	50. FACILITY NAME (If not institution, give street and number) 50 Washepkius Bay Diew Med. (RESIDENCE OF DECEDENT	ute B	altimete	EATH	9c. COUNTY C	PF DEATH
	10e. STATE 10b. COUNTY	10c. CITY, TOWI				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE			OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	E	tACE — Americen Indien, Slack, White, etc. Specify:
COMPLETED	(Specify only highest grade completed)	DECEDENT'S USUAL Give kind of work dor fe. Do NOT use retired	e during most of working	16b. KIND OF BU	SINESS/INDUSTR	٧
BE COM	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden	Sumame)	5
10		96. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)
		-	^{e)} Bayview	9-6-94 I	CATION — CRy of Baltimon	r Town, State ce, Maryland
	▶ Johns Hopkins Bayview medical		2. NAME AND ADDRESS OF F. 1940 Eastern		more, M	aryland 21224
	23. PART I. Enter the diseases, or complications that caused the diseases, or heart failura. List only one cause on each lin IMMEDIATE CAUSE (Finai disease or condition resulting In death)	na.				Approximate Interval Between Onaet and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		wital a	Lowali	es	
A	PART II. Other algnificant conditions contributing to death but not	rasuiting In the	undarlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC		A. \$1		1 XYES 2	! □ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 11 Inputient 2 ER/Outpatient	OTH 3 DOA 4 DA	28. PLACE OF DEATH (C ER: ursing Home 5 - Residence			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	
	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	nome, ferm, street, f	actory, office	28f. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, one one) 2 MEDICAL EXAMINER: On the besis of examination end/or					se(s) end menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	>	D 42	MBER . 096	29d. DATE SIG	NED (Month, Day, Year)
	Dr. Alpan JHBMC 4940 Eastern Av	re. Balti	more, Maryla	nd 21224		
	31. DATE FOR PROPERTY DAY, YEAR J. FREGISTRAR'S SIGNATURE FULL D'AUVULSON RAN	dall				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, M	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transity be filed within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burlat, cremation, or removal.	ge 5 should be detached for use as the burial-transity
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	e notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF				MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND	JOSEPH	JON	IES			2. DATE OF DEATH DATE OF OP	y 94 ^E	3. TIME OF DEATH 11:58 A M			
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	218-24-8090	1 🔯 M 2 🗆 F	61 YRS.	MONTHS DA		MIN.	(Month, Day, Year)	33	Ma			
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION	ON OF DE		9c. COUNTY	OF DEATH			
E C	SACRED HEART HOS	PITAL		CUM	BERLANI)		ALLE	GANY			
5	RESIDENCE OF DECEDENT	~										
DIRE	Md 106. COUNT ALLE	gany	Lönad	oning	DCATION				10d. INSIDE CITY LIMITS? 1 YES ZE NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER 17 ROOSEVELT Wa	у			1012TF 531	5		10g. CITIZEN USA	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO R OR DATES	If yes		n, Mexican	IC ORIGIN? (Specify Yea , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/INDUST	RY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Metal	vork done during se retired.) Shop	most of working	ng	Fabrica	ation				
M	17. FATHER'S NAME (First, Middle, Last)	0			40 MOTI	HED'C MAN	NE (First, Middle, Maiden	D				
	Wm. R. Jones						E. Walter:					
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Str					(a)			
٩	Scott Jones		17 Ro	oseve]	Ltway,	Lona	oute Number, City or Tour aconing, Md	21539				
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	soval from State	cemetery, crematory or of Sunset Men	ther place)		-12-9	1	etand	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Toursee Tren	22. NAM	E AND ADDRES	SS OF FAC	ULITY					
	>) a Me	lle					nzie Funera 1.2153 9	al Home	е			
	23. PART I. Enter the diseases, or	complications that	caused the death. Do n	ot antar tha	moda of dyl	ng, such	as cardiac or respi	ratory arrest,	Approximate			
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)			uve	(u	veu	nic Sy	rehor	intarvai Between Onset and Daath			
Z	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):											
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	if any, leading to immediate										
IIFIC	CAUSE (Disease or injury that initiated events	(Disease or injury C. DUE TO (OR AS A CONSEQUENCE OF):										
CER	resulting in death) LAST	daeth) LAST										
	PART ii. Other significant condition	ns contributing to d	eath but not resulting i	n the under	ying cause o	given in F	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	Coronary Ay	/	Jeore. (ela.	M. J	,	1 YES 2	1.6	COMPLETION OF CAUSE OF DEATH?			
M	DID TOBACCO USE	CONTRIBUTE	TO CALICE OF	DEATH	VEC C	NO			1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUSE OF		YES	NO	M					
Si	EXAMINER?	HOSPITAL:	700000000000000000000000000000000000000	OTHER:	8. PLACE OF D			-				
Ϋ́	27. MANNER OF DEATH	28a. DATE OF IN	ER/Outpatient 3 DOA		Home 5 ☐ Re	rsidence 8	B Other (Specify) 28d. DESCRIBE HOW IF	LILIBY OCCUP	ED.			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Year) INJ	URY	WORK?] NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At home, farm, a c. (Specify)	treet, lectory,	office		28t. LOCATION (Street a City or Town, State)	nd Number or F	Rural Floute Number,			
۳	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, death occurre	d at the time	dete and place	and due t	to the sever(s) and man					
COMPLETED									use(a) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R. la b	nus		29c. LICE	NSE NUMI	BER 1	29d. DATE SI	GNED (Month, Day, Year)			
٩	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print) / ^	1 0	117	1 1	1 - 7/	10/49			
	31. DATE FILED (Month, Day, Your)		909A SET	ON DI	ri. Cu	wke	erland Ma	213	205			
	SEP 1 5 1994	32. REGISTRAR	orbodel									

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BALTIMORE, MARYLAND 21215-0020

ours after death. Page 6 may be retained by the hospital or attending or

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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94 28448 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 13,4994 September С. ELIZABETH JOY 6:06R 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Nov. 8, 1902 1 M 2 X F RONTHS DAYS HOURS 214-16-2850 91 VRS MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY CUMBERLAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10 N. LIBERTY STREET 21502 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2/NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. It yes, specify Cuban, Maxican, Pu 1 ☐ YES 2 🕅 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SALES CLERK RETAIL STORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) PETER E. WRIGHT SARAH ELLA DAILY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 STEPHEN P. KESECKER 11 N. LEE STREET, CUMBERLAND, MD 21502 20e. METHOD OF DISPOSITION
t IX Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State SUNSET MEMORIAL PARK 4 Donation 5 Other (Specify) CUMBERLAND, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEF GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Final** Onset and Dasth disease or condition Arrhyllunia nobable Cardiac Minutes resulting in death) DUE TO (OR AS A CONSEQUENCE OF): years evonor arter PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS & CONSEQUENCE OF if any, Isading to immediats

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSE	OUENCE OF):				
PART II. Other algoriticant condition from the property of the part of the par	Sepsis				24s. WAS AN AUTOPSY PERFORMED? 1 _ YES 2 PNO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (Check only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outpatient :		THER: ☐ Nursing Home 5 ☐ Rasidence	8 🗆 Othe	r (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DES	CRIBE HOW INJURY OCCU	RED
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atree	t, factory, office	28f. LOC City	ATION (Street and Number or or Town, State)	Rural Route Number,
	ICIAN: To the best of my knowledge, d					

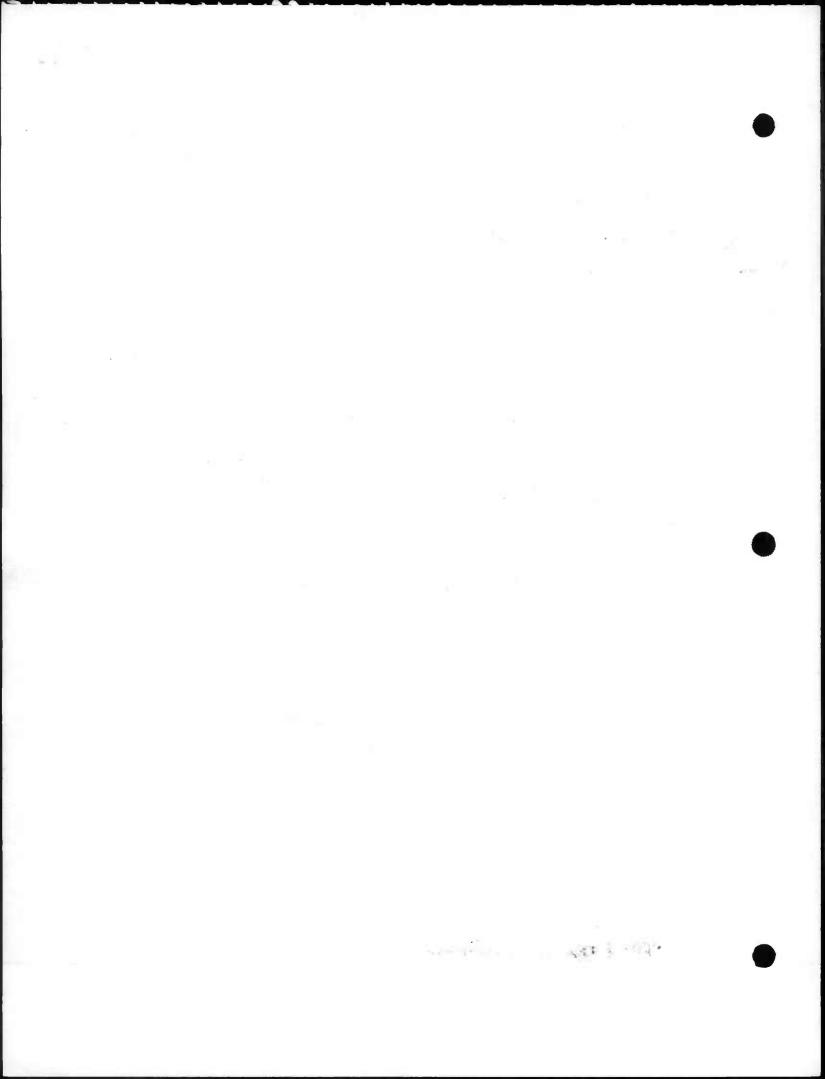
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Þ 9/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sunil Gupta M.D. Memorial Hospital Medical Bldg. cumberland MD 21502

D 33280

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson Rockell 14/94



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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	PTON JONE		TA AL		2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH	
DONNELL HAM				7,1994	TEAN	8:00 AM			
4. SOCIAL SECURITY NUMBER 215-16-1408	1X M 2 □ F 72		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De DEC 2	14,1921	Countr	IPLACE (State or Foreign y) RYLAND	
9a. FACILITY NAME (If not institution, give street and number) 21579 DONNELL JONES RD. RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH SHERWOOD			9c. COU	TAL	BOT	
10a. STATE 10b. COUNTY MARYLAND TAL	вот		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
10a. STREET AND NUMBER 21579 DONNELL		101	. ZIP CODE 2166	65	10g. CIT	IZEN OF V	VHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	N U.S. ARMED 2 XO ATES	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 X NO Specifi	an, Puerto Ricar	pecify Yas or No— i, etc.)	14. RACE Black Speci	— American Indian, c, White, alc.		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use i	rk done during mo retired.)		H	D OF BUSINESS/IN		DIIGEDIA	
10 17. FATHER'S NAME (First, Middle, Last)		FARM	ER			CULTUR	R IN	DUSTRY	
RICHARD T. JON	ES					e, Maiden Surname) SOMMER	S		
19a. INFORMANT'S NAME (Type/Print)						City or Town, State, Zij			
MARIE M. JONES					_			,MD 2166	
20a. METHOD OF DISPOSITION 1 Burlat 2 Tormation 3 Remo 4 Donation 5 Other (Specify)	val from State	LISBURY	CREMA	TORY	9-9	SALISB	URY,		
21. SIGNATURE OF FUNERAL SERVICE LICE	Physin,	CFSP	NEWN	AM FUNI	ERAL I	HOME, P.	A.	ON, MD 21	
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ART II. Other eignificent conditions contributing to death but not resulting it			the underlying	g cause given in		NAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
EXAMINER?	28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) OTHER: 1 Input lent 2 ER/Outpatient 3 X DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (28b. TIME OF NOUNTY AT WORK? 1 YES 2 NO At home, farm, street, lectory, office 28d. DESCRIBE HOW INJURY OCCU				CURED	RED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre					LOCATION (Street and Number or Rural Route Number, City or Town, State)		
one)	IAN: To the best of my know							i) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	2:25			29c. LICENSE NUI		and the second		(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO		. ,,,,	•	COURT,	EASTO	N, MD 2	1601		
31. DATE FILED (Month, Day, Year) SEP 8 1994	32 REGISTRAR'S SIGN	ATURE						V	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

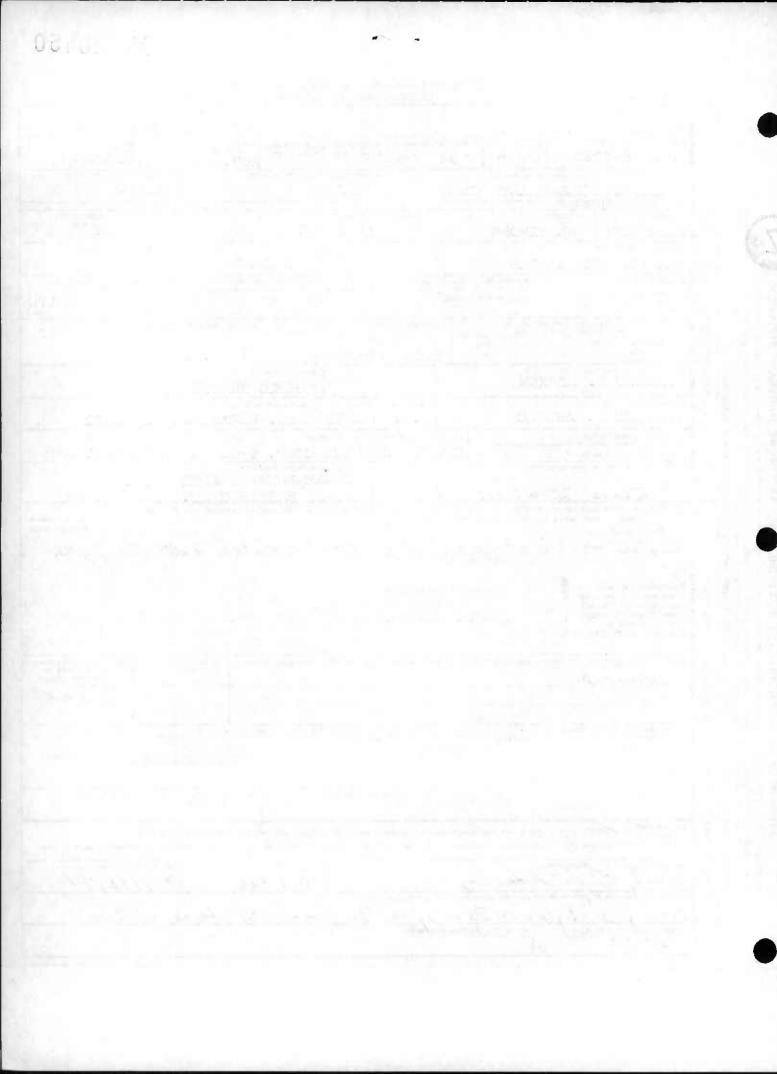
1	-	STATE REGISTR	AF
	1. 0	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) GLADYS E. JOHNSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F under 1 year F under 24 hrs. (Month, Day, Year) MONTH DAYS HOURS MIN. (Month, Day, Year)	3. TIME OF DEATH 2:15 AM			
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH				
(Month Day Year)				
703-03-4082 1 Nov. 3, 1899	BIRTHPLACE (State or Foreign Country) MARYLAND			
	BOT			
WILLIAM HILL HEALTH CARE EASTON TAL RESIDENCE OF DECEDENT 100. STATE 100b. COUNTY MARYLAND BALTIMORE BALTIMORE TAL 10c. CITY, TOWN OR LOCATION BALTIMORE	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	ZEN OF WHAT COUNTRY?			
3 XWidowed 4 Divorced IF YES, OIVE WAR OR DATES 1 YES 2 NO Specify:	14. RACE — American Indien, Black, White, etc. Specify: WHI!			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CHIEF OPERATOR B.O. RAI				
12 CHIEF OPERATOR B.O. RAI 17. FATHER'S NAME (First, Middle, Lest) ROBERT L. RINKER 16. MOTHER'S NAME (First, Middle, Meiden Surmeme) FANNIE BEATTY				
19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip				
1.0. BOX 707, S1. MICHAELS, MI				
1 Buriel 2 Cremation 3 Removal from State camalany crematory or other place	City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	, MARYLAND			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF): d.				
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Denter A	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 YES			
Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)				
EXAMINER? HOSPITAL: OTHER:	Proporties .			
27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF 183URY AT WORK? M 1 YES 2 NO	CURED			
3 Suicide 8 Could not be determined 256. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number City or Town, Stete)	I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee state one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee state one)				
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DAT	E SIGNED (Month, Day, Year)			
D 3/466	1/12/94			
Ludwig J. Es Ised En III MD, 606 Dutch mans love froston on	1 2/601			
31. DATE FILED Month, Day Ston 4 32. REGISTRAN'S SIGNATURE				

THE WAY WELL

BALTIMORE, MARYLAND 21215-0020



REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			1000	4 177				2. DATE	OF DEATH			3, TIME OF DEATH
FLORENCE JULIA	A JASTR	ZAB	1					AUC	3. 31	DAY 1	99 ^{YEA}	A
4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH			RTHPLACE (State or Foreign buntry)
122-22-7705	1 M 2 XF	64	YRS.	MONTHS	DATS	HOUNS	were.	DEC	2. 20	,19	29	NEW YORK
9a. FACILITY NAME (If not institution, give st	reet and number)	- 30		9b. CITY		OR LOCATIO	ON OF D	EATH		9c. C		OF DEATH
234 BROOKWOOD	AVENUE				EAS	STON					TA	LBOT
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CI7	ry, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
MARYLAND	FALBOT		EA	STO	N							UMITS?
10e. STREET AND NUMBER			1000		101	. ZIP CODI		_		10g. C	ITIZEN C	OF WHAT COUNTRY?
234 BROOKWOOD	AVENUE					216	01				US	A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	- 1	If yes, sp		n, Mexica	m, Puerlo	I? (Specify 'Ricen, etc.)	ea or No-	8	AACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12)		+)	Give kind of life. Do NOT u	work done (se retired.)			g	166	NURS			NY
17. FATHER'S NAME (First, Middle, Last) FRANCIS HOJNOW	NSKI						PAU	LIN	Middle, Maid	CIOS	EK	Ka salah
19a. INFORMANT'S NAME (Type/Print) STANLEY JASTR	ZAB		19b. MAILING 234						ber, City or 7			
20a. METHOD OF DISPOSITION 1 □ Buriel 2 ★ Cremation 3 □ Remo	oval from Stata	cemetery	ACE AND DATE	other place)				DAT			347	r Town, State
4 Donation 5 Other (Specify)	FNCEE	SAL	ISBUR			ATOR ND ADDRES			S	LIS	BUR	Y, MD
THE OWNER OF THE PERSON OF THE	LITOLL											
23. PART I. Enter the diseesea, or c ahock, or haart feliure. I IMMEDIATE CAUSE (Final	List only one cer	at caused the	a daath. Do line.	N 20 not antar	EWNZ 00 S	AM F S. H	UNE ARR	RAL ISO th aa can	1	, E	AST	Approximata interval Between
23. PART i. Enter the diseeses, or c shock, or heart failure.	DUE TO	at caused the	a death. Do line.	N) 20 not antar	EWNZ 00 S	AM F S. H	UNE ARR	RAL ISO th aa can	N ST	, E	AST	Approximata interval Between
23. PART i. Enter the diseese, or cahock, or haart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. VAUSA DUE TO	at caused that	a daeth. Do iine. UUU INSEQUENCE O	N] 20 not antar	EWNZ 00 S	AM F S. H	UNE ARR	RAL ISO th aa can	N ST	, E	AST	Approximata interval Between
23. PART i. Enter the diseeses, or cahock, or haart failure. It immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A COM	a daath. Do iline. I CLU INSEOUENCE O	N] 20 not enter	OO :	AM FS. H	UNE ARR ng, auc	RAL RISOI th aa carr	N ST diec or res	piratory N AUTOPS DRMED?	AST arrest,	Approximata interval Betwee Onset and Dei Conset an
23. PART i. Enter the diseasea, or cahock, or haart failure. It immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant conditions	DUE TO	O (OR AS A COM	a daath. Do iline. I CLU INSEOUENCE O	N] 20 not enter	tha mo	AM FS. H	UNE ARR ng, auc	RAL ISOI the sale correction.	N ST filec or read	piratory N AUTOPS DRMED?	AST arrest,	Approximata interval Betwee Onset and Dei On
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23. PART i. Enter the diseesea, or cahock, or haart failure. It immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	DUE TO DU	O (OR AS A COM	a death. Do line. CUU NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O 28b. Tiff	N] 20 not anter	tha mo	G Cause (C	UNE ARRING, auc	Part I.	N ST Silec or real 24a. WAS PERF 1 YES YES YES YES YES	piratory NAUTOPS Pinatory NAUTOPS Pinatory NO NAUTOPS NO NO NAUTOPS NO NO NO NO NO NO NO NO NO N	arrest,	Approximata interval Betwee Onset and De Con
23. PART i. Enter the diseasea, or cahock, or haart failure. It immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO DU	of the course of	a death. Do line. O LIU NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O 10 1 28b. Till IN. At home, farm,	N] 20 not anter 20 F): OF): OTHER 4 Nun E OF JURY M street, fact	tha mo	G Cause (UNE ARRING, auc	Part i. Part i. 28. Local Colly on the case of the c	N ST Silec or resilection of the silect	IN AUTOPS PRIMED? 2 NO INJURY (Injury (Injury (AST arrest, SY DOCCURET	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART i. Enter the diseasea, or cahock, or haart failure. It immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO DU	of the course of	a death. Do line. O LIU NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O 10 1 28b. Till IN. At home, farm,	N] 20 not anter 20 F): OF): OTHER 4 Nun E OF JURY M street, fact	tha mo	G Cause (UNE ARRING, auc	Part I. 28f. LOC 28f. LOC City to the case to the ca	N ST Silec or resilection of the silect	piratory NAUTOPS DRMED? 2 NO / INJURY (and Num and dua is	AST arrest, OCCURET	Approximata interval Betwe Onset and Dei Conset and
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buildal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

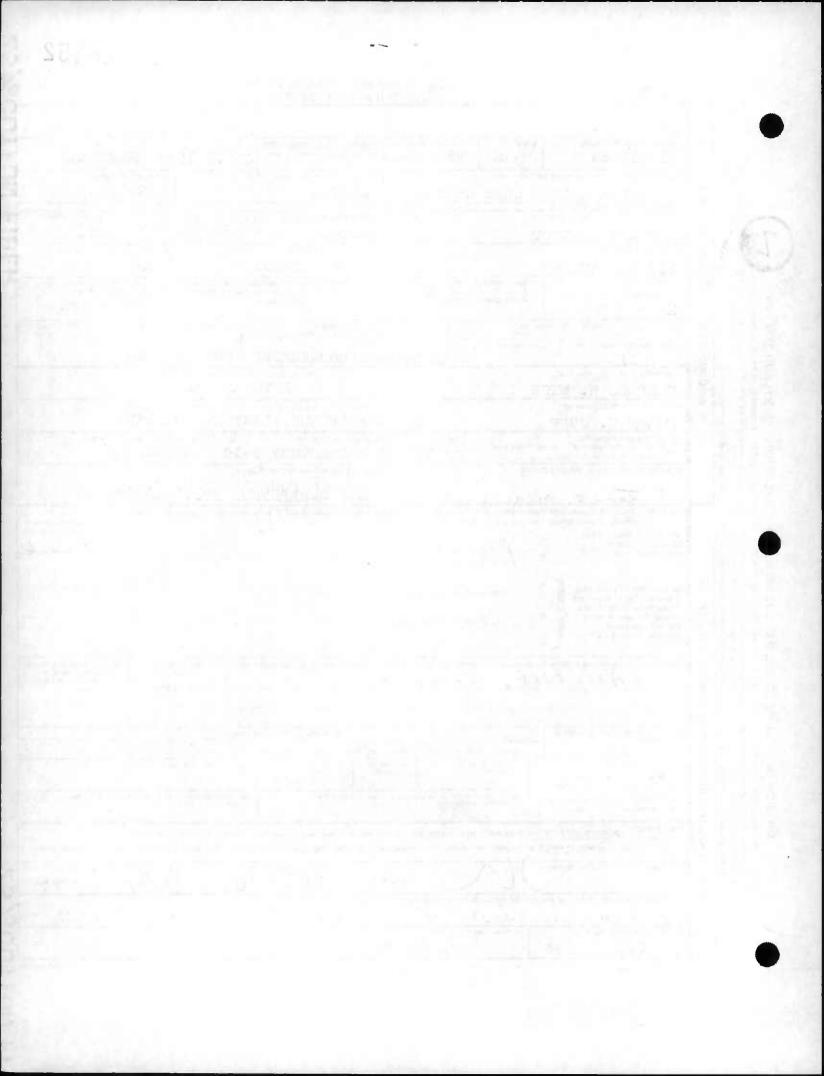
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for our as the human be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

STAT	E OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OI	F DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTI	FICATE (F HEALTH AND OF DEATH	MENTAL HYGIE REG. N		M		
1. DECEDENT'S NAME (First, Middle, Les RUTH W. JU	MP				2. DATE OF DEATH MONTH 5EPT. 7	DAY 199	3. TIME OF 1:50		
4. SOCIAL SECURITY NUMBER 214-12-6422		NGE (In yrs. lest birthde 85 YRS	MONTHS D	AR IF UNDER 24 HRS.	JAN . 6, 1	909	6. BIRTHPLACE (State MARYLAN	o or Foreign	
66. FACILITY NAME (If not institution, give WESLEYAN HEAL		ENTER	96. CITY, TO DEN	NON DR LOCATION OF	DEATH		ROLINE		
RESIDENCE OF DECEDENT 100. STATE 10b. COUN MARYLAND TALB		10c. (EAST				10d. INSIDI	\$?	
100. STREET AND NUMBER 100 OAK AVENU				10f. ZIP CODE 2160	1		ZEN OF WHAT COUNT		
11. MARITAL STATUS 1 Never Married 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2X ND	If ye	DECENDENT OF HISP	ANIC ORIGIN? (Specify tean, Puerto Rican, atc.)		14. RACE — Americe Black, White, etc. SpecificHTT		
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		(Give kind iife. Do NOI	use retired.)	g most of working	16b. KIND OF E			TV-	
11 17. FATHER'S NAME (First, Middle, Last)	an.	SECRE	rary/B	18. MOTHER'S	R GOLF	en Sumame)	SE		
CHARLES W. WI 190. INFORMANT'S NAME (Type/Print) FRANK C. JUMP				reet and Number or Run	H ANN GR H Route Number, City or T ASTON, M	own, State, Zij		- 14	
20e. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Re 4 Donation 8 Other (Specify)		20b. PLACE AND DAT	TE OF DISPOSITIO		DATE 20c.		City or Town, State		
21. SIGNATURE OF FUNERAL SERVICE			22. NAR	E AND ADDRESS OF					
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с.	AS A CONSEDUENCE	OF):				1	vech	
PART II. Other eignificent condition	d	as a consequence	ng in the under	lying ceuse given i	PERF	AN AUTOPSY ORMED? 2 PANO	AWAILABLE	PRIOR TO ON OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	(Output 2 200	OTHER:	8. PLACE OF DEATH (
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU (Month, Day, Y		TIME OF 284	Home 5 Residence: INJURY AT WORK? YES 2 NO	28d. DESCRIBE HON	V INJURY OC	CCURED		
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide datermined	28e, PLACE OF IN.	JURY — At home, farr (Specify)	m, atreet, factory,	office	28f. LOCATION (Stree City or Town, Ste	et end Numbe ite)	or or Rural Route Number	c	
onel	SICIAN: To the best of my							er ee stated.	
29b. SIGNATURE AND TITLE OF CERTIF	JUL	_ ^	gr	29c. LICENSE N	768	29d, DAT	re signed (Month, Day,	16ar) 99 4	
J CORWIN			Sox	660 00	ENTON .	MO	2162	9	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Randa	82						



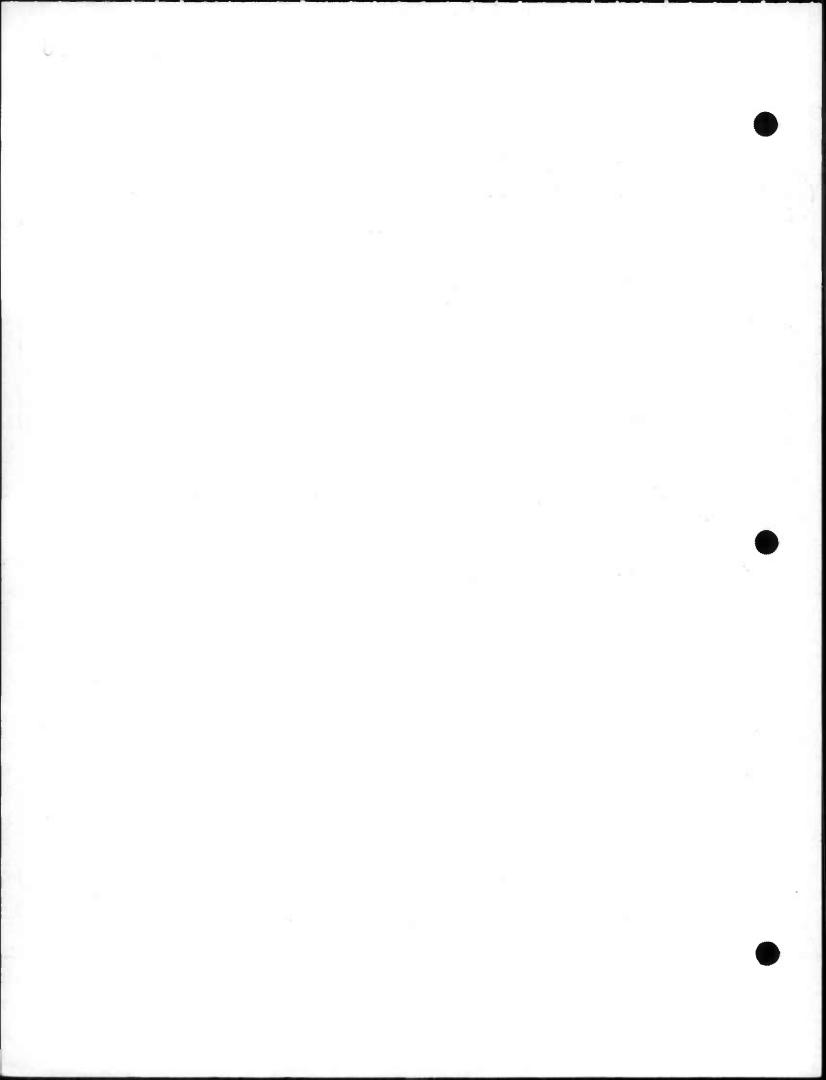
BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending phys
BA	s after de
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OF VITAL RECORDS, P.O. BOX 68760,	cate be executed within
RDS, P.O.	at the death certific
L RECO	law requires th
DF VITA	IYSICIAN: The
DIVISIONO	OR ATTENDING PH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages, 1, 2; 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) LEON A. JONES	3		Jo	nes	2. DATE OF DEATH MONTH DA	V YEAR	3. TIME OF DEATH 2345 M
	4. SOCIAL SECURITY NUMBER 216-36-0015	5. SEX 6. AGE (In	yrs. last birthday) 59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 23 19	6. BIRTH	MARYLAND
LOR	9a. FACILITY NAME (If not institution, give sti PENINSULA REGION RESIDENCE OF DECEDENT		ENTER		OR LOCATION OF D	EATH	9c. COUNTY OF D	
DIRECTOR	10a. STATE 10b. COUNTY	ARUNDEL		Y, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 XXES 2 NO
FUNERAL	100. STREET AND NUMBER 960 PRESIDENT STR	REET			01. ZIP CODE 21403		10g. CITIZEN OF V	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XXXVIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNQ	If yes,	ECENDENT OF HISPA specify Cuban, Maxic S 2 2 1 NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	Spec	E American Indian, k, White, atc. ify: ACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	vork done during i	TION nost of working	16b. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) ANDREW JONES					AME (First, Middle, Maiden : IOR JOHNSON	Surname)	
10	19e. INFORMANT'S NAME (Type/Print) EULA WHITTINGTON		196. MAILING 960 E	ADDRESS (Stree	NT ST. AN	Route Number, City or Town	D. 21403	
	20e. METHOD OF DISPOSITION 1 Structural 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	ovet from State come ANN	PLACE AND DATE OF THE COLOR OF	IEM. GA	RDENS 9	/13/94 ANI	NAPOLIS,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	lese.		REES 821	AND ADDRESS OF FA E & SONS VEST ST.	MORTUARY, I	P.A. MD. 2140	01
	23. PART I. Entar the diseasea, or cahock, Dr heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused List only one cause on as DUE TO JORAS A	icemia)		- 4	retory srrest,	Approximate interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C			6.7h	feet.		
PHYSICIAN: MEDICAL CEI	PART II. Other significant conditions	contributing to death bu	t not resulting i	n the underly	ng cauae givan in	Part I. 24e. WAS AN. PERFOR	MED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tlant 2 DOA	OTHER:	PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. II	NJURY AT YORK?	6 Other (Specify) 28d. DE\$CR(BE HOW II)	NJURY OCCURED	
	2 Accident Investigation 3 Suicida 8 Could not be determined	28a. PLACE OF INJURY - building, atc. (Specifi	At home, tarm, s	street, factory, of	ice	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED		CIAN: To the best of my knowle R: On the best of examination						a) and menner as stated.
TO BE	29b. SIGNATURE AND THE OF CERTIFIER	J-//	1 aus		29c. LICENSE NU 0 - 200	MBER 2) SO	≥ 9/81	9 +
	30. NAME AND ADDRESS OF PERSON WHO	1 - 5475 Riv	erside!	Drive -	.Jalista	my Md. 21	801	7
	31. DATE FILED (Month, Day, Year) SEP 12 1	32. REGISTRAR'S SIGNA 994 Julia Dau	TURE VOLEN ROAD	all		,		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flower after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIME OF MAIN	CE	RTIFIC	CATE OF	DEATH		EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D				3. TIME OF DEATH	
TERRY		Α.		JOHN:	SON	SEPT.	I Z	2 19	954"	5:55	P_{M}
4. SOCIAL SECURITY NUMBER 5	. SEX 6. A	GE (In yrs. lest	birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	BIRTH		6. BIRTH	IPLACE (State or Foreig	an
219-46-3262	X M 2 □ F		VDC I	ONTHS DAYS	HOURS MIN.	(Month, Day	y, Year)		Countr	γ)	
9a. FACILITY NAME (If not institution, give street	t and number)	4		h CITY TOWN C	R LOCATION OF OR	11-7	-45	0- 0011	Mar	yland	\dashv
NORTH ARUNDEL H					BURNIE	-AIN		THE STATE		RUNDEL	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CITY	TOWN OR LOCAT	TON					10d. INSIDE CITY	=
MD Anne	A 1 1								í	LIMITS?	
10e. STREET AND NUMBER	Arundel		M:	illers	VIIIE			40 017		1 YES 2 NO	
322 Arbor Oaks	Ct.			100	21108	3			. S . A	WHAT COUNTRY?	
	2. WAS DECEDENT EVI	ER IN U.S. ARM	IED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Sp	pecify Yes			— American Indian, , Whita, atc.	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X Y	R DATES	,		city Cuban, Maxica 2 NO Specify		i, etc.)		Specif		
	1969-19									White	
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	18a. DEC	EDENT'S US be kind of wor	SUAL OCCUPATION k done during most	N st of working	16b. KtN	D OF BUSI	NESS/IN	DUSTRY		
Elamentary/Secondary (0-12)	College (1-4 or 5+)	1000		629						servati	on
	4	N a	atior	nal Fo	rester	USD	A Sc	oil	S	ervice	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	e, Maiden S	umame)			
Orvillo	A. J	Johnso	n		Juani	ta	Αv	vev			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DORESS (Street a	nd Number or Rural I	Route Number, C	ity or Town,	State, Zip	Code)		
Mrs. Bonnie M.	Johnson	32	22 Ar	bor 0	aks Ct.	Mil1	ersy	7 i 1 1	e M	D 21108	
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremetion 3 ☐ Remove	.507.07		ND DATE OF	DISPOSITION (Ne		DATE		_	City or To		
4 Donation 5 Other (Specify)	I from State	Met.	atory or othe	r plece) Cemato:	rv	9/15	Cat	- on c	1	le. MD	
21. SIGNATURE OF FUNCTION SERVICE LICENS) T				D ADDRESS OF FA			-	-		\neg
► 1 1 1 C21	\leq									ie Hwy.	
Col Co	man	-0-		Barra	nco Fun	eral	Home	S S e	ver	na Park	MD
21. PART Entar tha diseases, Dr corr shock, Dr haart fallura. List	ipiicationa that cau t Dnly Dna cause D	used tha dea n aach lina.	th. Do not	antar tha mo	da of dying, suci	h as cardiac	or respire	etory an	rest,	Approximate interval Batw	
IMMEDIATE CAUSE (Final	, ,			0.		•				Onaat and D	
disease or condition resulting in death)	Antino	sclin	A.	Cordis	va Culu	nes	ense	2			
	DUE TO (OR /	AS A CONSEOL	JENCE OF):	CONT						1	
										ļ	
Sequantially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQU	JENCE OF):								
cause. Entar UNDERLYING CAUSE (Disease or Injury										ļ	
that initiated aventa	DUE TO (OR A	AS A CONSECU	JENCE OF):								
resulting in death) LAST											
BART II Other significant conditions											二
PART ii. Other aignificant conditions c	Dritributing to deat	h but not ra	auiting in	the underlying	cause given in	Part i. 24s.	PERFORM		24b.	WERE AUTOPSY FINDS	NGS
						_ 18	YES 2	NO		COMPLETION OF CAUS	BE
						/	1			1 YES 2 NO	
DID TOBACCO USE CONTRIB	UTE TO CAUSE	OF DEAT	H YES		UNCERTAIN	<u></u>				/	- 1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE	OF DEATH	(Check only one)							\dashv
l n	OSPITAL:	Outpatient 3		THER:	5 Residence	8 Other (Spe	ecify)				
27. MANNER OF DEATH	28e. DATE OF INJU		28b. TIME C	OF 28c, INJU	JRY AT	28d. DESCRIB		JURY OC	CURED		\dashv
1 Natural 5 Pending	(Month, Day, Yea	BF)	INJUR		RK? ES 2 NO						- 1
2 Deutsta	28a. PLACE OF INJ	URY — At hom	e, ferm, atre	et, factory, office		28f. LOCATION	N (Street an	d Number	or Rural B	hute Number	-
4 Homicide 8 Could not be	building, atc. (Specify)	10000			City or Tov	vn, Stete)		Or Francis Fr	outo mumbus,	
29a, CERTIFIER	- W AVEC										_
(Check only 1 CERTIFYING PHYSICIAL											
2 MEDICAL EXAMINER: C	on the besis of examin	ation and/or in	veatigation,	In my opinion, de	eath occured at the	time, date and	place, and	dua to th	a cause(s)	and manner as state	d.
29b. SIGNATURE AND TITLE OF CERTIFIER	11 .		~		29c. LICENSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	\dashv
Theodore M	. Kung	· n	cii)		O.C.M.	Ε.		▶ SF	EPT.	13,1994	
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAME OF	DEATH (ITEM	27) (Type, Pr	int)	3.3.11	in					
THE PORE M.	King	111 1	Pann	Stree	t, Balt	imore	M:	a 1737 [°]	land	21201	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE		V/ 2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	c, Dare	64th	PIC	лт у	Lunu	& 1 & V 1	\dashv
SEP 1 5 1994	4 Julia d	eveler !	ardell			1	12				
- Teg 1 4 100	H Cl.			4			-0,				

DHMH-16 Rev 1/89

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

		V.		IVAL	E OF	DEAT	IH .		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
Hilda Elizabeth JE	NKINS							SOD	+ 3	AY	994"	1355 M
4. SOCIAL SECURITY NUMBER 5.	. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	24 HRS.		OF BIRTH		8. BIRTHI	PLACE (State or Foreign
217-10-2893	☐ M 2 1 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr	il 2,	1914	Ren	tonville,Va.
9e. FACILITY NAME (If not institution, give street	and number)			9b. CIT	r, TOWN O	R LOCATIO					NTY OF DE	
Washington County 1	Hospita	1		H	lager	stow	'n			Was	hing	ton
RESIDENCE OF DECEDENT												
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ON			10d. INSIDE CITY LIMITS?			
Maryland Washing	gton		На	gers	town							1 YES 2 NO
10e. STREET AND NUMBER			_		101.	ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY?
228 Daycotah Avenue	5					21	740				USA	
	PORCES? 1	T EVER IN U.S. AR							N? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		•0		1 Yes, spe				Rican, etc.)			v. vhite
											V	vhite
15. DECEDENT'S EDUCAT (Specify only highest grade con	i ON npleted)	/G	CEDENT'S	vork done	CCUPATION during mos	N t of workin	ng	160	b. KINO OF BU	SINESS/INI	DUSTRY	
	College (1-4 or 5+) .	Do NOT us									
6 0 homemaker												
12. FATHER'S NAME (First, Middle, Last) Phillip Henry 18. MOTHER'S NAME (First, Middle, Melden Surname) Florence												
								<u>.</u>				
19e. INFORMANT'S NAME (Type/Print)									nber, City or Tow			1 017/0
Phyllis Rose			.0972	Poi	nt S	alem	Коа	id, ł	lagersi	own,	Mary	yland 21740
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remova	I from State	20b. PLACE						OA1	TE 20c, LO	CATION —	City or Tov	vn, State
4 Donation 5 Other (Specify)		Rose	Hill	Cen	eter	У	9-2	6-94	4 Hag	gerst	own,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	81		M ²	NAMEAN	D ADDRE	N F.FA	CILITY H	OME.			
Scott	Vhin	me	1	- 1						perst	OWN	Md. 21740
23. PART I. Enter the diseases, or com											-	Approximeta
shock, or heart failure. Lis	t only one cau	se on each lina	l.		the mod	o or dy	ing, auc	ii ve cai	ulec of leap	natory at	iost,	interval Between
IMMEDIATE CAUSE (Finel disease or condition	_	A		1	1 1	-1						Onset and Death
resulting in death) a	Cong	enley	Ne	anx	10	elu	n					
_	000	A A		-):	//	disease or condition a. But to (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):						
Sequantially list conditions, b			- din D. A.									
III it any, leading to immediate	OUE TO											
if any, laading to immediate cause. Enter UNDERLYING												
CAUSE (Disease or Injury		(OR AS A CONSE			7							
cause. Enter UNDERLYING					7							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d	OUE TO	(OR AS A CONSEC	DUENCE OI	F):	<i>y</i>							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEC	DUENCE OI	F):	nderlying	ceusa ç	given In	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of	OUE TO	(OR AS A CONSEC	DUENCE OI	F):	nderlying	ceusa ç	given In	Part I.	24a. WAS AN PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST PART II. Other significant conditions of Devel 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO	(OR AS A CONSECUTION OF	DUENCE OF	othe	28. PL/	ACE OF D	EATH (Ch	ack only o	PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST PART II. Other significant conditions of Devel 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	oue to	death but not r	DUENCE OF	OTHE 4 Num	28. PL/ R: sing Home	ACE OF D	EATH (Ch	eck only o	PERFOI 1 TYES 2	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST PART II. Other significant conditions of Description of the significant conditions of th	OSPITAL: Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE O	death but not r	DUENCE OF	OTHE 4 Nu	28. PL/R: sing Home 28c. INJU WOF 1 Y	ACE OF D	EATH (Chi	eck only of 6 Other 28d. DE	PERFOI 1 YES 2 Inne) or (Specify)	NJURY OC	CURED	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of New Lactor 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not be disermined	OSPITAL: Inpetient 2 28e. DATE OF (Month, Di	death but not r death but not	DUENCE OF	OTHE 4 Nut	28. PLJ R: sing Home 28c. INJU WOF 1 Vitory, office	ACE OF D 5 Re RY AT 1K? ES 2	EATH (Chi	eck only of Other 28d. DE 28f. LOC	PERFOIL 1 YES 2 er (Specify) SCRIBE HOW is carried for Town, State)	NJURY OC	CURED r or Rural Ru	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of PART II. Other si	OSPITAL: Inpellent 2 28e. DATE OF (Month, Di	death but not r death but not r death but not r death but not r death but not r death but not r death but not r death but not r	DUENCE OF	OTHE 4 Number of Market Number of Market Number of Numbe	28. PLJ R: sing Home 28c. INJU 1	S Representation of the second place, and pl	EATH (Charaldence	eck only of 6 Other 28d. DE 28f. LOCally to the ca	PERFOI 1 YES 2 er (Specify) ESCRIBE HOW is control (Street or Town, State)	NJURY OC	CURED or Rural Rural Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DART II. Other significant conditions of LEVALUAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	OSPITAL: Inpellent 2 28e. DATE OF (Month, Di	death but not r death but not r death but not r death but not r death but not r death but not r death but not r death but not r	DUENCE OF	OTHE 4 Number of Market Number of Market Number of Numbe	28. PLJ R: sing Home 28c. INJU 1	S Representation of the second place, and pl	EATH (Chi	eck only of 6 Other 28d. DE 28f. LOCally to the ca	PERFOI 1 YES 2 er (Specify) ESCRIBE HOW is control (Street or Town, State)	NJURY OC	CURED or Rural Rural Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of PART II. Other si	OSPITAL: Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE Of building,	death but not r death but not r ER/Outpetlent 3 INJURY Poy. Year) This is a second of the control of the c	DUENCE OF	OTHE 4 Number of the street, face at the sign, in my of	28. PLJ R: sing Home 28c. INJU 1	ACE OF D 5 Re RY AT RK? ES 2 and place, with occur	EATH (Chi	28f. LOC	PERFOI 1 YES 2 er (Specify) ESCRIBE HOW is control (Street or Town, State)	NJURY OC	CURED or or Rurel Ruted, ted,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number,
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DART II. Other significant conditions of ALLIE STAMMER? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OSPITAL: Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE Of building,	death but not r death but not r ER/Outpetlent 3 INJURY Poy. Year) This is a second of the control of the c	DUENCE OF	OTHE 4 Number of the street, face at the sign, in my of	28. PLJ R: sing Home 28c. INJU 1	ACE OF D 5 Re RY AT RK? ES 2 and place, with occur	EATH (Chi	28f. LOC	PERFOI 1 YES 2 er (Specify) ESCRIBE HOW is control (Street or Town, State)	NJURY OC	CURED or or Rurel Ruted, ted,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number,
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of PART II. Other si	OSPITAL: Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE Of building,	death but not r death but not r ER/Outpetlent 3 INJURY Poy. Year) This is a second of the control of the c	DUENCE OF	OTHE 4 Number of the street, face at the sign, in my of	28. PLJ R: sing Home 28c. INJU 1	ACE OF D 5 Re RY AT RK? ES 2 and place, with occur	EATH (Chi	28f. LOC	PERFOI 1 YES 2 er (Specify) ESCRIBE HOW is control (Street or Town, State)	NJURY OC	CURED or or Rurel Ruted, ted,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number,

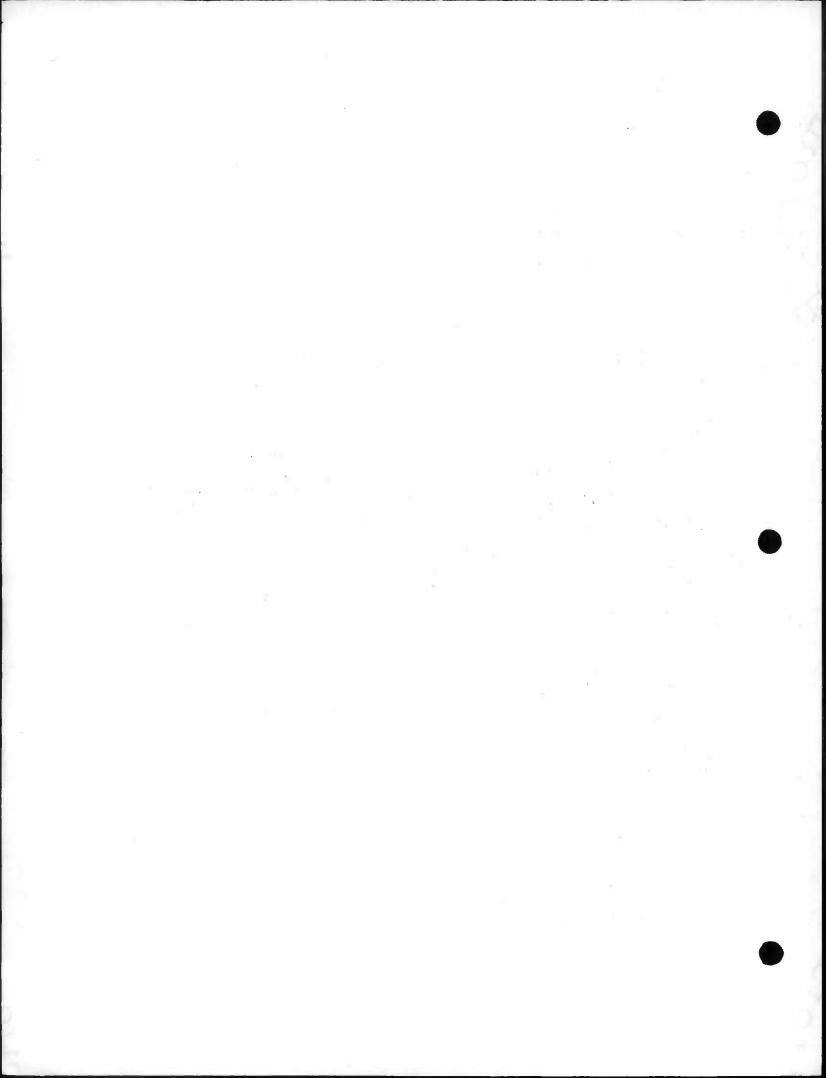
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a footung after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



- 6	1, DECED
15	LEO
	9a. FACIL
œ	
6	SA
DIRECTOR	10e. STAT
FUNERAL	100. STRE
5	11. MARIT
7	1 New
В	3X MIQ
COMPLETED	
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d	1
Ö	17. FATHE
BE	Je
	19a, INFO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buhal-transit — be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

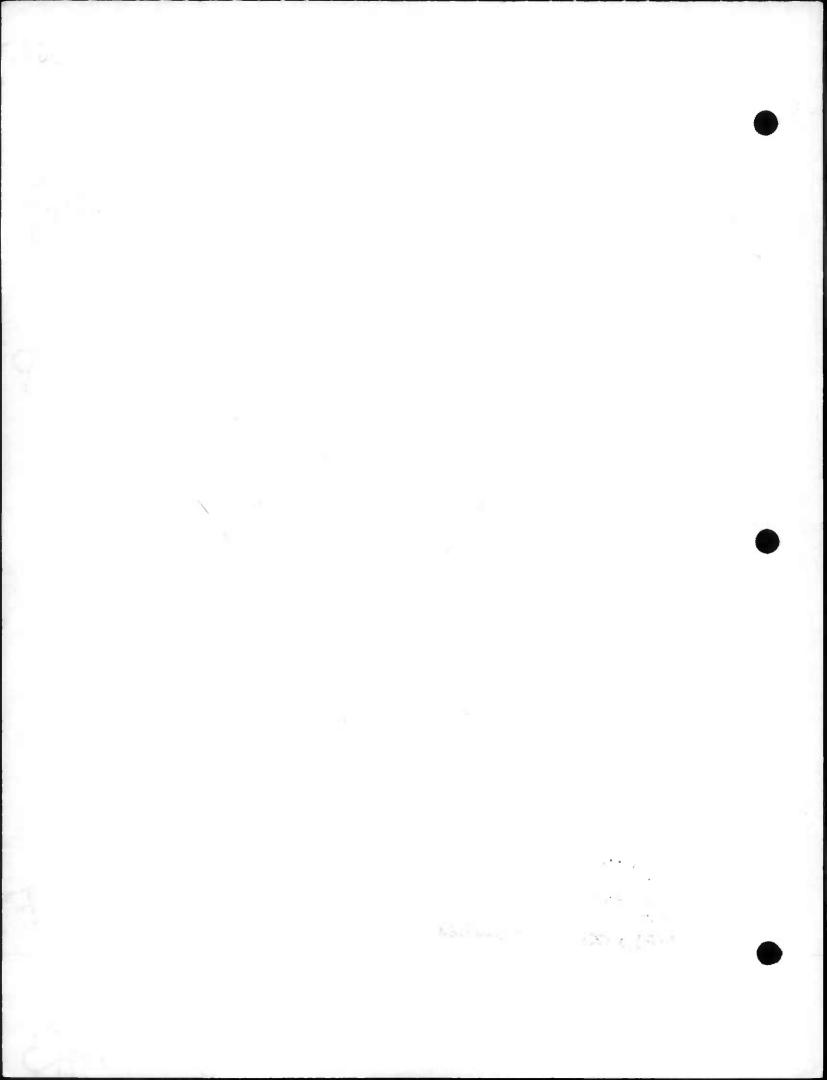
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR	STATE STATE STATE OF MARITLAND / DEFARIMENT OF HEALTH AND MENTAL HTGIENE											
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA			3. TIME OF DEAT	н			
LEONA		KIRKW	OOD		SEPTEMBER		1994	12:28	Рм			
	S. SEX 8. AGE (In yrs. I	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH May 23, 192	20	a. BIRTHI	PLACE (State or For	reign			
213 20 0322	□ M 2 🔀 F 74	YRS.										
9a. FACILITY NAME (If not institution, give street								9c. COUNTY OF DEATH ALLEGANY				
SACRED HEART HOSE			CO	- Imploint								
Md los, sounty Allega	ny	10d. INSIDE CITY LIMITS?										
Railroad St. Box	D NUMBER 205 21521							HAT COUNTRY?	NO			
	2. WAS DECEDENT EVER IN U.S. /				IIC ORIGIN? (Specify Yes	or No—	14. RACE	American India White, atc.	ın,			
1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 343(NO If yes, specify Cuben, Maxican; Puerto I						Whit					
15. DECEDENT'S EDUCAT	TION 18a (DECEDENT'S USI	IIAL OCCUPATIO	NA .	16b. KIND OF BUS							
(Specify only highest grade con	mpleted)	(Give kind of work life. Do NOT use re	done during mo		16B. KIND OF BUS	HME35/IND	USTRY					
11		Lly-Tub	e Room		Tire (Co.						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)						
Jeese Lee Kimbl				Alleda	Stephen							
19a. INFORMANT'S NAME (Type/Print) Alleda Ann Roberts	on	23001 M	eadow I	Run Rd.	S.W. Bartor	$\overset{\text{T. State. }}{\text{Md}}$	215	21				
20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Remove 4 Donatton 5 Other (Specify)	of from State cemetery, c	E AND DATE OF D	piace)			CATION —						
21. SIGNATURE OF FUNERAL SERVICE LICENS	- COLLIDO	erland (22. NAME AN	ID ADDRESS OF FA	CILITY	nberl		M.				
I and E	Mike		Lonaco	oning.Md.	nzie Funera .21539							
23. PART I. Entar the diseases, or com	mplications that caused the	death. Do not	anter tha mo	da of dying, suci	h aa cardiac or respir	ratory arr	eat,	Approxima				
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS		Card	earl In	staretin			Onaat and				
	DUE TO (OR AS A CONS	SEQUENCE OF):	4.0	- 1	V.							
Sequentially list conditions, 6	CUTON'S AS A COME	ARY	ART	ery 1	DISEASE	=						
If any, leading to immediate cause. Entar UNDERLYING	DOE TO (ON AS A CONS	EODENCE OF:		•								
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):						+				
resulting in death) LAST												
PART II. Other significant conditions of	contributing to death but no	t rasuiting in t	he underlying	Cause given in	Part i. 24a, WAS AN	AUTOPSV	245	WERE AUTOPSY FII	MUNCE			
Severo Ch	rome Atal	ructur	Pre	Imora.	PERFOR		-	AVAILABLE PRIOR 1	то			
CONT	Remnator.		una Ca	mon time	NES 2	NO		OF DEATH?				
DID TOBACCO USE CO	//	USE OF E	DEATH Y	ES TI NO	DI DI	uno	·	1 YES 2 N	10			
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)							
	IOSPITAL: Unpatient 2 - ER/Outpatient		THER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)	_						
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW IN	NJURY OCC	CURED					
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1									
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.												
i and	On the basis of examination and/o							and manner ea st	ated.			
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				(Month, Day, Year)				
5 Chan	guy			D25	-638	•	9/1	2/94				
30. NAME AND ADDRESS OF PERSON WHO	DEPLETED CAUSE OF DEATH (FT			1 0	0 - 1-		-	- /				
+ KOSTPrupe (PE	13a, +1205)	Bukta	Mar	gland	215	32			-			
SEP 1 5 1994 Julia	CONSIDERATION OF THE SECOND											



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 July after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at
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	TAL	M	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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31. DATE FILED (Month, Day, Year)
SEP 1 9 1994

12. REGISTRAR TO IGNATURE

	FOR										J 14	20431
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAI	RTMENT (F HEALTH	AND	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	OI DEA		2. DATE C	F DEATH			3. TIME OF DEATH
		oy Kellis	son					Sept.	14	, 19	94AR	*8:15 Am M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Country	PLACE (State or Foreign
	219-14-9346	1X M 2 F	79	YRS.			772	11/14	1/191	4	WV/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
J.	9a. FACILITY NAME (If not institution, give s	,				WN OR LOCAT	ION OF D	EATH		1000	INTY OF D	EATN
510	Cuppett-Weeks Nurs	sing Home			Oaklar	nd				Garr	ett	
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	Υ			Y, TOWN OR I							10d. INSIDE CITY
0	Maryland Garret	tt		Bit	tinge	<u>. </u>						1 YES 2 NO
RAI	10e. STREET AND NUMBER					101. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
N.	Route 495; P.O. BO	Ox 45 12. WAS DECEDENT I	F1/F0 11 11 0 . 4			21522				USA		
E	1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAS	YES 2 XA	NO	If yo	DECENDENT (in, Mexico	en, Puarto Ale	(Specify Ya can, etc.)	a or No—	14. RACE Black	— American Indian, , White, etc.
	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE WAY	1 OR DATES		1	YES 2 X NO	Specif	fy:			Whit	E
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DE	CEDENT'S	USUAL OCCU	PATION	200	16b. I	(IND OF BU	SINESS/IN	DUSTRY	
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)			se retired.)	g most of worki		i				
M	17. FATNER'S NAME (First, Middle, Last)		Far	mer					armin			
	Guy Kellison							AME (First, Mi	ddle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		190	MAILING	ADDRESS (S	AII	izor		Oh - F	- 0 7	. 0. / .	
2	Edward Kellison					36; Swa					561	
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Reme				OF DISPOSITIO		41001	DATE			City or Toy	ern. State
	4 Donation 5 Other (Specify)	oval from State	Rittir		ther place) Comote	ru			Bitt			- 12:00
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NA	E AND ADDRE		CILITY			V	
	Nagar O	Jeuma	w		Newn	nan Fun	era]	L Home	s, P.	.A.	-	
	23. PART I. Enter the diseases, or o	emplications that c	aused the de	ath. Do r	not enter the	mode of dy	lng, suc	h as cardia	and c or reap	iratory ar	rest,	Approximata
ı	IMMEDIATE CAUSE (Final	List only one cause	on each line							•	,	Interval Between Onset and Death
	disease or condition resulting in death)	a. Acute	myocar	dial	infar	ction						hour
			AS A CONSEC				_					2 nout
O	Sequentially list conditions,	b	0 40 4 000000									
ATI	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (O	R AS A CONSEC	DUENCE OF	r):							
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (O	A AS A CONSEC	UENCE OF	F):							
F	resulting in death) LAST	d.										
- 11	PART II. Other significant conditions	e contribution to de	and hour and a	lat								
PHYSICIAN: MEDICAL	Cerebrovascula	ar accider	it.	esuiting (n the under	lying cause (given in	Part I. 2	4n. WAS AN PERFOR		1 18	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ē								— ¹	YES 2	NO 🌠		COMPLETION OF CAUSE DF DEATH?
Σ												1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF D	EATN (Ch	eck only one				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpstient 3	□ DOA	QTHER:	Home 5 🗆 Re			Specify)			
E	27. MANNER OF DEATN	26e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIM		INJURY AT WORK?		26d. DESC		NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				M 1	YES 2	NO					
100	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At hor : (Specify)	ne, farm, s	treet, factory,	office		261. LOCAT	ION (Street a Town, State)	nd Number	or Rurel Ro	oute Number,
COMPLETED												
MPL	29e. CERTIFIER (Check only	CIAN: To the best of my	knowledge, des	ith occurre	d at the Ilme,	deta and place,	and due	to the cause	(a) and man	mer sa stat	ed.	
8	THE RESERVE THE PARTY OF THE PA	R: On the basis of exam	sination and/or tr	nvestigatio	n, in my apinir	m, death occur	ed at the	time, date an	of place, are	d due to th	e canee(x)	and manner as stated.
BE (296. BIGMATURY AND TITLE OF CERTIFIER	11				D27		men		29d. DAT	E SIGNED	Misrayo, (Day, Wear)
2	30. NAME AND ADDRESS OF PERSON WHO	hund				1127	203			•	9/14	1194
	Karl E. Schwalm, 1	M.D. 311	N. Fou	rth		kland,	MD	2155	0		1	
1						,						

Wyon war 1 1 1 100 6 1 2 3 3

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE				MEN.	TAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, L.	nst)				- 01	DEAL			ATE OF DEATH			3. TIME OF DEATH	
	MARK	EUGENE	7			KE	YSEF	2		EPT	13	94	1:00 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER		IF UNDER		7. DA	TE OF BIRTH		8. BIRT	HPLACE (State or Foreign	
	217-80-9138	1 🔀 M 2 🗌 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	5	721781		Ma	ryland	
200	9a. FACILITY NAME (If not institution, g	ive atreet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATH		9c. CO	UNTY OF	DEATH	
OR	8729 LOCH BEN	ND DRIVE			TOW	SON					ВА	LTIM	IORE	
ECI	10a. STATE 10b. COL			Inc CIT	Y, TOWN O		ION					10d. INSIDE CITY		
HIG	Maryland Ba	altimore			owson								LIMITS?	
F	10e. STREET AND NUMBER			_		101	ZIP CODE				10a. Cl	TIZEN OF	WHAT COUNTRY?	
ER/	1000 E. Jopps	Road					2120)4				USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.AR	MED						GIN? (Specify	Yes or No-	14. RAC	E — American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO			2 NO			rio Rican, atc.)		Spec	k, White, etc.	
D B		1						_					White	
=	15. DECEDENT'S (Specify only highest g	rade completed)	(G	CEDENT'S	VSUAL OC work done of se retired.)	CUPATIO	on st of working	g		166, KIND OF I	BUSINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+}		aper					Lands	canin	or Co	mnense	
0	17. FATHER'S NAME (First, Middle, Lest)			darab.	Japer		18 MOTH	IFR'S NA	ME (Ele	st, Middle, Maid			працу	
BE COMPLETED	Truman Euger	e Keyser								Jacobs				
8	19a, INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route N	lumber, City or 1	Town, State, Z	ip Code)		
٩	Truman E. Keyse	r	10	000 1	E. Jo	ppa	Road	l, To	ows	on, Ma	rylan	d 2	1204	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Commetted 3 F	lamoval from State	20b. PLACE	ANDDATE	OF DISPOSI	TION (Ne	me of		1		LOCATION -			
	4 Donation 5 Other (Specify)		cemetery, cre Metr	o Cre						/14/94	Balt	imor	e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					Char			ivo				
	H. James	ckhar	IL		_						211	02		
	23. PART i. Enter the diseases, shock, or heert fallu	or complications tha	t caused the de	eath. Do r	not enter	the mo-	de of dyli	ng, eucl	h as c	erdiec or rec	piretory a	rrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finei	,					4						Onset and Death	
	disease or condition reaulting in deeth)	CARDIAC												
_		DUE TO	(OR AS A CONSEC	DUENCE O	F):									
o	Sequentially list conditiona,	b	(DR AS A CONSEC	QUENCE DI	F):									
₽	if any, leeding to immediate cause. Enter UNDERLYING												į į	
Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	7:	-	-							
CERTIFICATION	reaulting in death) LAST	d												
LC	PART II. Other significent condi	tione contributing to	deeth but not r	esuiting	n the un	deriving	ceuse q	iven in	Part i.	24a, WAS	AN AUTOPSY	241	. WERE AUTOPSY FINDINGS	
ICAL						,	.5:25:01			PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDI						_				1 YES	2 NO		DF DEATH?	
-	DID TOBACCO USE COI	NTRIBUTE TO CA	USE OF DEA	TH YE	S \square N	10 🗆	UNC	ERTAIN	<u>,</u> П				I LES Z NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check o									
SIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	: ing Home	5 🗆 Rad	ildenca	σχ∷χο	ther (Specify)	MOTE	Τ.		
Ŧ	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIM		28c. INJU	JRY AT			DESCRIBE HOY				
BY	1 Natural 5 Pending 2 Accident Investigation				м		ES 2 _	NO						
	3 Suicida 8 Could not	building.	F INJURY — At horate. (Specify)	me, farm, s	street, facto	ory, office				OCATION (Streetly or Town, Sta		er or Rural i	Route Number,	
							<u> </u>							
린		IYSICIAN: To the best of												
COMPLETED	2 X XHEDICAL EXAM	INER: On the basis of a	minimum and/or I	rveatigatio	n, In my op	olnion, de	eth occure	d at the	time, d	ista and placa,	and due to t	the cause(s	s) and manner as stated.	
BE (290 GIONATURE AND TITLE OF CERTI	TW/Y)	4				29c. LICE						(Month, Day, Year)	
9	MUUT	100 -	1/1/1				0.	C.M	. E	•	S	EPT	14,1994	
	MARIA TE CO	WHO COMPLETED CAU	M A C			CT			7	4. 2		7	4 21201	
	31. DATE FILED (Month, Day, Way)	TG2. HEGISTRA	R'S SIGNATURE	TTF	enn	St	reet	, В	al	timor	e, M	aryl	and 21201	
	SEP 1 6 1994		Redall											
- 1		/	o don'y											

BALTIMORE, MARYLAND 21215-0 ours after death. Page 6 may be retained by the hospital or artend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defracted for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rav 1/89

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CHILLIAG	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	
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,	OR A	DIREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
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IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	HELEN MAE KUENZEL AUGÜST 31 94 9:15 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	217-30-9437 1 M 2 K F 66 YRS. MONTHS DAYS HOURS MIN. AUG. 17,1928 MARYLAND
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
OC.	
6	PRINCE GEORGES GENERAL HOSPITAL CHEVERLY PRINCE GEORGES
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
告	MARYLAND TALBOT EASTON 1 X yes 2 □ NO
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
2	19 CRABAPPLE CT. 21601 USA
FUNERAL	11 MARITAL STATUS 12 WAS DECEMENT EVED IN ILS ADMED 14 WAS DECEMENT OF MERCALL OCCURRACY OF A MARITAL STATUS
	1 Never Merried 2 Married FORCES? 1 YES XXO II yee, specify Cuben, Mexicen, Puerto Rican, etc.) Black, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: WHITE
유	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY
E	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)
립	12 2 FABRIC STORE MANAGER FABRIC INDUSTRY
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)
	EDGAR L. JONES KATHERINE SCHELLS
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	JOHN L. KUENZEL 19 CRABAPPLE CT., EASTON, MD 21601
	206. METHOD OF DISPOSITION (Name of
1	1 X Burlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) WOODLAWN MEMORIAL PARK 9-3 EASTON, MD 21601
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	NEWNAM FUNERAL HOME, P.A.
	JOHN R MERCERON 200 S. HARRISON ST., EASTON, MD
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fallure. List only one cause on each line.
	IMMEDIATE CAUSE (Final Onsat and Daath
	disease or condition resulting in death)
	DUE TO (OR AS A CONSEQUENCE OF):
Z	Sequentially list conditions, Severe metatatice are work to LIVEY 6 m
Ĕ	If any, leading to immediate
2	CAUSE (Disease or Injury c. to retro pointonem, borne
#	that initiated evants resulting in death) LAST
CERTIFICATION	d. Fellet Faller 1 Carl
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	(and in the performed) AMILABLE PRIOR TO COMMITTEE TO COM
	1 □ YES 2 □ MO OF DEATH?
Σ	DID TORACCO LICE CONTRIBUTE TO CALICE OF DEATH AND THE ANALYSIS TO AND THE ANALYSIS TO AND THE ANALYSIS TO ANALYSI
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
PHYSICIAN: MEI	EXAMINER: OTHER:
₹	1 VES 2 NO 1 I Prinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify) 27. MANNER OF DEATH 286, DATE OF INJURY 286, TIME OF 286, INJURY AT 286, DESCRIBE HOW INJURY OCCUPED
	(Month, Day, Year) INJURY WORK?
B	2 Accident Investigation " 1 TES 2 NO
<u>a</u>	3 Suicide 8 Could not be distermined Could not be distermined Could not be distermined 28. PLACE OF INJURY — At home, Ierm, atreet, lectory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	
릴	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee attend.
S S	MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated.
	29b. SIGNATURE AND LITTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
BE	VIJAYANICHARLES MD. TILLIAZ DE. 21.91
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
4	5632 Annapoli's Rd#14 Bladensburg, Md. 20701
	31 DATE FILED (Month Day Veer) 32 DECISTRAD'S SIGNATURE
	SEP 1 1994 Julia Davidson Randalle
	The state of the s

are 200 in the contract

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlan-trangular be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cemation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HDSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

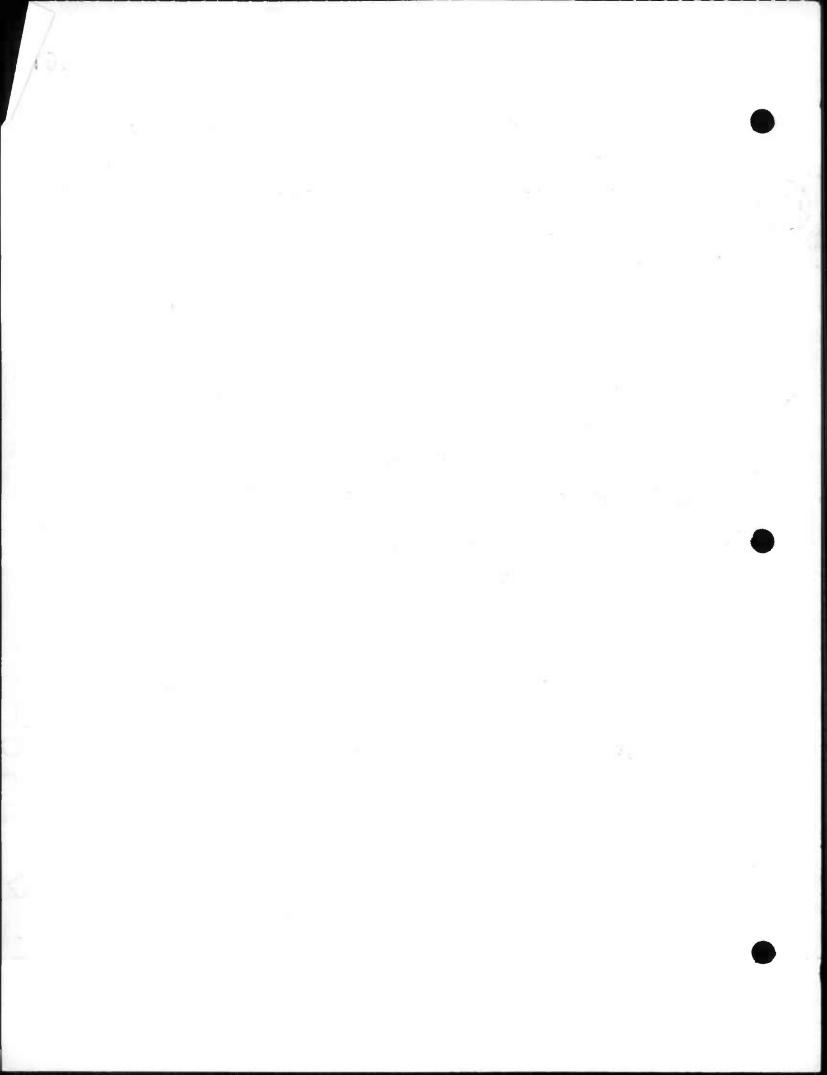
	1 - FOR STATE REGISTRAR	STATE OF MARYLANI			HEALTH AND F DEATH	MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)			_			ATE OF DEATH		WEAR	3. TIME OF DEATH
	Henry Kellog					-	9 8		YEAR	1000 Am
			s. last birthday)	IF UNDER 1 YEA			ATE OF BIRTH Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	231-20-2033		54 YRS.	MONTHS DAY	B HOURS MIN.			1030		" "H CAROLTNA
	9e. FACILITY NAME (If not institution, give street	! end number)		9b. CITY, TOW	N OR LOCATION OF E	PEATH	*****	9c. COU	NTY OF D	EATH
5	UNIVERSITY HOSPIT	AL		BALTT	MORE			BAT	ТІМС)DE
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO						10d. INSIDE CITY
DIRECTOR	MARYLAND DORCH	FCTFD								LIMITS?
	10e. STREET AND NUMBER	потик	I CA	MBRIDG	10f. ZIP CODE			10g, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	605 DOUGLAS STREE	т			21613					
5	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S	S.ARMED		ECENDENT OF HISPA			or No—	14. RACE	E — American Indien,
BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2			specify Cuben, Mexic ES 2 1 NO Spec		rto Rican, etc.)		Speci	k, White, etc.
									100	BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		(Give kind of w	ork done during	TION most of working		16b. KIND OF BUS	INESS/IND	DUSTRY	
٦		College (1-4 or 5+)								
M	17, FATHER'S NAME (First, Middle, Last)	vrs.	PAINT	ER	40 MOTHER'S M	AME (S	CAMBRID rst, Middle, Maiden		CIEN	TIFIC INDUS
ŏ	THEODORE ROOSEVE	LT KELLOGG			LUCY			Surnama)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural			Stete Zic	Code)	
2	HENRY AUGUSTUS KI	ELLOGG			STREET,					13
	20s METHOD OF DISPOSITION to Burlet 2 □ Cremetton 3 □ Remove		ACE AND DATEO		(Name of		DATE 20c. LO	CATION —	City or To	wn, Stete
	4 Donation 5 Other (Specify)	Cometery	y, crematory or off UGH CEN	METERV		SEP	г. 14. 199	4 C	AMRR	IDGE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	IEE		22. NAME	AND ADDRESS OF F	ACILITY	BENNIE	SMIT	H FII	NERAL SERV.
	19/1			P.O.	BOX 168	7, 1	EASTON,	MARY	LAND	21601
	23. PART I. Enter the diseases, Dr CDrr shock, or heart fellure. Lis	plications that caused the	a death. Do n	ot enter the	noda of dying, su	ch as	cardiac or respi	retory an	rest,	Approximata
	IMMEDIATE CAUSE (Final									interval Between Onsat and Death
	disease or condition Intracerebral Hemorrhage									
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
YAT	If any, lasding to immediate cause. Enter UNDERLYING									
틸	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COR	NSEQUENCE OF);						
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions c	ontributing to death but a	nt recuiting is	a the underly	laa aanaa ahaa la	- Floori				
CAL	Transition of the state of the	ontributing to death but h	ibt issuiting ii	i the undariy	ing causs given in	Part	i. 24a. WAS AN . PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							1 - YES 2	≥, NO		OF DEATH?
Σ	DID TOPACCO LISE CONTRIB	UITE TO CALIEF OF F	VEATU VE		S IIIICEDTA		,			1 TYES 2 NO
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEAT			IN L]			
<u> </u>	EXAMINER?	OSPITAL:		OTHER:	-/					
¥	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME		ome 5 Residence		Other (Specify) DESCRIBE HOW IN	LIURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY	WORK? YES 2 NO				001125	100
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY — A	It home, ferm, st			28f.	LOCATION (Street a	nd Number	or Rural F	Route Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)					City or Town, State)			•
1 1	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge	e, desth occurred	d at the time, d	ste end plece, end du	e to the	cause(s) end men	ner es stat	led.	
<u>N</u>		on the trans of examination and								e) end manner es stated.
	290. SIGNATURE AND TURLE OF CENTIFIER	1).			29c. LICENSE NU					(Month, Day, Year)
BE	Jun)	V	>			50	9	•		194
2	36-NAME AND ADDRESS OF PERSON WHO CO		(ITEM 27) (Type,	Print)		_			, ,	<i></i>
	UMMS, Neurosi	ingery, Balti	imore,	MD	21201					
	SEP 1 5 1994	32. REGISTRAR'S SIGNATUR								
	SEP 15 1994 gr	ha Davidson Pan	delle							

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1	FOR STATE REGISTRAR	STATE 0	F MARYLAND / DEPARTMENT OF HEALT CERTIFICATE OF DE
	1. DECEDENT'S NAME (First, Middle, Lest) Margaret	Bell	Kenney
Н		1	

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / D CER	EPAR TIF	TMENT ICATE	OF HE	ALTH DEAT	AND N		YGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Pall	17						2. DATE OF MONTH	DEATH DA	NA.	YEAR	3. TIME OF DEATH
	Margaret	Bell	Ken	_					Sept			994	5:50P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	- "	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF (Month, Di			8. BIRTH Countr	IPLACE (State or Foreign
	214-48-1210	1 M 2 KF	96	YRS.						6 189	98		souri
~	9e. FACILITY NAME (If not institution, give :				9b. CITY,	TOWN OR			ATH			NTY OF D	
DIRECTOR	Ginger Cove H	lealth Cer	nter			Ann	apol	is			Anı	ne A	rundel
<u>iii</u>	10e. STATE 10b. COUNT	Y	1	0c. CITY	, TOWN OF	R LOCATIO	ON		_				10d. INSIDE CITY
8	MD Ar	ne Arund	el i			Anna	apoli	S					LIMITS?
A P	10e. STREET AND NUMBER						ZIP CODE	_			10g. CITI	ZEN OF W	VHAT COUNTRY?
FUNERAL	2111 River Creso	cent Drive	Э				2140)1					USA
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARMEI	D	13. W	AS DECEN	NDENT OF	F HISPANI	C ORIGIN? (S	pecify Yee	or No-	14. RACE	— American Indian,
BY	1 Never Merried 2 Merried 3 X Modowed 4 Divorced	IF YES, GIVE W				YES 2				n, wic.j		Speck	fy:
	15. DECEDENT'S EQU	CATION	18e. DECED	ENT'S	USUAL OCC	CLIDATION			165 211	OF BUIL	INESS/IND	LICTRY	White
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	(Give I	kind of w	rork done du e retired.)	uring most	of working	7	IOD. KII	טר מט	HNE35/IND	USTHY	
7		1		Real	tor					Real	Esta	ite	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	IE (First, Midd				
BE	Edward Bell							Har	riett	King			
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS	(Street and	Number	or Rural Ad	oute Number,	City or Town	n, State, Zip	Code)	
- 1	Elizabeth Brad	shaw	2	111	Riv	er C	resc	ent	Drive	Anı	napol	is, N	1D 21401
	20g. METHOD OF DISPOSITION 1 Description 3 Rem	oval from State	20b. PLACE AND	DATE C	F OISPOSIT	TION (Name	eol		DATE	20c. LO	CATION —	City or To	wn, State
	4 Donetion 5 Other (Specify)	- n	A Hal	llow	s Ch	urch	Cer	<u>nete</u>	ry 9/1	6/94	Edge	ewate	er, Maryland
	1. SIGNATURE OF PUNERAL PENVIOLE	- CHISCE			22. N	IAME AND	AUDHES	S OF FACI	'''Y Joh	in M.	Tay	Ior F	uneral Home
	turald A.	Jug 7	~										olis, MD
1	23. PART I. Enter the diseases, preahock, or heart failure.	complications the	caused the death	. Do n	Dt enter t	the mode	of dyir	ng, such	as cardiac	Dr reapi	ratory arre	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition			~)		1							Onset and Death
	reaulting in death)	a CVE	(4	pm	Mys	y						INT
		A TO	OR AS A CONSEQUE	NCE OF): 'C		C		1.				
o I	Sequentially list conditions,	b. DUE TO	OR AS A CONSEQUE	NCE OF	717	-	901	n eva	112	-/			
AT	If sny, leading to immediate csuse. Enter UNDERLYING				,-								i I
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUE	NCE OF):								
CERTIFICATION	resulting in death) LAST	d					_						
	PART ii. Other aignificant condition	a contributing to	death but not resu	itina l	n the und	lerivina (cause di	iven in P	Part I 24	. WAS AN	AITTOREY	245	WERE AUTOPSY FINDINGS
CAL	Osteoarth	nTI				citying (oudse gi			PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
입					_				- 10	YES 2	NO		DF DEATH?
≥ :	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEATH	YE	ςΠN	ЮΠ	LINCE	RTAIN				1	1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE O	_			OTTCL	KIMIT					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 🗆 1	DOA	OTHER:		5 🗆 Ree	Idence 8	Other (Sc	ecify)			
£	27. MANNER OF DEATH	28e. DATE OF (Month, Da	INJURY 28	b. TIME	OF 2	28c. INJUR	TA Y		28d. DESCRI		JURY OCC	URED	
₽	1 Netural 5 Pending Investigation				М	1 TYES		NO					
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	INJURY — At home, itc. (Specify)	ferm, at	rest, factor	ry, office			281. LOCATIO	N (Street a	nd Number	or Rural Re	oute Number,
COMPLETED	4 Homicide determined								_				
릴			my knowledge, death										
Š	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or inves	stigation	, in my opi	Inlon, deat	th occure	d at the ti	me, date end	place, and	due to the	ceuse(e)	end menner ee stated.
BE	296, SIGNATURE AND TULE OF CERTIFIER	· ·				2		ISE NUMB			29d. DATE	SIGNED	(Month, Day, Year)
면 일	Just 11-	mer	1				D	1796	55		▶ Se	pten	nber 13, 1994
-	30. Agent AND AMORESS OF PERSON WH												
	Joseph N. Friend,		5 Ridgley	Av	enue	An	napo	olis,	Maryl	and 2	21401		
	SEP 1 6 1994	32. REGISTRAI	'S SIGNATURE	.0									
	OLI 1 0 1334	jula da	widear Randa	4									



BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	te be executed within
S, P.O. E	e death certifical
RECORE	v requires that th
OF VITAL	HYSICIAN: The law
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-triment be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE O		_DEPARTMENT			MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	aura	Kne	bber			MONTH OS	5 94	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	8. Bi	RTHPLACE (State or Foreign
	220-22-8297		4 YRS.	OMINS CATS	noons will.	12/19/1		ryland
0	9a. FACILITY NAME (If not institution, give	atreet and number)			R LOCATION OF DI	EATH	9c. COUNTY C	F DEATH
DIRECTOR	Med Bridge Medio		l Rehab	Baltimo	re		Balti	more
R	10a. STATE 10b. COUNT			TOWN OR LOCATI				10d. INSIDE CITY LIMITS?
	Maryland	Harford		Aberdee				1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
N	1121 Old Philade		#8		21001		U.S	
4 3	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Maxica	NIC ORIGIN? (Specify in, Puarto Rican, etc.)		ACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specif	y:	W	hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT'S US	SUAL OCCUPATIO	N .	16b. KIND OF	BUSINESS/INDUSTR	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during mos retired.)	t or working			
MP	7	0	Homemak	er		In hom	е	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	den Surname)	
BE	James B. Arrick					rude Nist		
2	19a. INFORMANT'S NAME (Type/Print)	- 1 1 66				Route Number, City or)
	Mrs. Lillian I.					8. Aberd		21001
- 3	1 St Burlet 2 - Cremation 3 - Ram	noval from State 20b	PLACE AND DATE OF OPERATE OF COMMENTS OF	DISPOSITION (Nar	ne of	OATE 20c.	LOCATION — City of	
- 5	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	aruens or		D ADDRESS OF FA		arkville	MD
3	1	1	1411.				1 Home.	P.A.
	Kusler	MANY	ingues			o Funera ryland		99
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that caused List only one cause on e	d the dea th. Do not ech line.	enter the mod	fa of dying, suc	h aa cardiac or re	apiratory arrest,	Approximete interval Between
	iMMEDIATE CAUSE (Final disease or condition	C	-/ /) .	1.			Onset and Death
	resulting in death)	. Jen	CONSEQUENCE OF:	Howev	42			
_		1.	/					
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
₩.	if any, leading to immediate cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease Or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ᇤ	resulting in death) LAST	d						
2	PART ii. Other significant condition	ns contribution to death b	ust not requiling in	the undertules	naven abree la	Dom I or uno	an armonay I	
8	Seire	-3	ot not resulting in	the underlying	cause given in	PERI	FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	Je wood .	1110.00				1 YES	2 X NO	OF DEATH?
						_		1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch	ant anti anni		
PHYSICIAN:	EXAMINER?	HOSPITAL:	retient 3 1 DOA A	THER:				
Ě	27. MANNER OF DEATR	28a. OATE OF INJURY	28b. TIME C	OF 28c, INJU	IRY AT	6 Other (Specify) 28d. OESCRIBE HO	W INJURY OCCURE	
	Netural 5 Pending Investigation	(Month, Day, Year)	INJUR		RK7 ES 2 NO			
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, farm, stre	et, factory, offica			et and Number or Ru	ral Route Number,
E	4 Homicide determined	building, etc. (Spec	жуу			City or Town, St	are)	
	29a. CERTIFIER (Check only	ICIAN: To the best of my know	ledge, death occurred	at the time, data	and place, and due	to the cause(a) and	manner as stated.	
COMPLETED		ER: On the basis of examination						se(s) and manner as stated.
Ш U	296. SIGNATURE AND TITLE OF CERTIFIE	1	1		29c. LICENSE NUI	WBERT .	29d, DATE SIG	NED (Month, Day, Year)
00	ada 1	KLD in			D389	33	19	15/84
유	30. NAME AND ADDRESS OF PERSON WI	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)			1/	11/
	10 1 1 1/1	ight und			RN SL	102 1	Bel Air	MO 21015
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGN	ATURE			, -	0. 111,	
	SEP 191994	Julia Standing	MANAGE A					
		W.						

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19. 10	permit	fly
physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	
nours after death. Page 6 may be retained by the hospital or attending physicia	ise as the	
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BALTIMORE, MARYLAND 21215-0020 ours after death. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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PITA	ERAI	n 72	11.11
TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the character of the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical
Ή	Ή	Pe	ORI
5	101	De fi	E S
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 50 tember
7. DATE OF BIRTH
(Month, Day, Year)
11/27/12 Harold Eugene Kershner 1:50 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign Country) 81 YRS. DAYS HOURS 1 X M 2 - F 705-10-4781 Pennsylvania 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown 10b. COUNTY 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18221 Candelwood Lane 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, Whits, stc. 1 Never Merried 2 Merried If yes, specify Cubsn. Mexican, Puerto Rican, etc.) 1 TES 2 X NO Specify: BY Specify: 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Western Maryland Rail Road 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Kershner Irene Bricker BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဥ Ronald R. Kershner 718 Longview Avenue Westminister, Maryland 21157 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Smithsburg Crematory 9/20/94 Smithsburg, Md. 4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Grove Funeral Home P.O.Box 368 141 W. Main St. Hancock, Md. 23. PART I. Enter the diseases, or compl that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory erreet, Approximate shock, or haert failure. List on Interval Between Onaat end Daath IMMEDIATE CAUSE (Finel dieease or condition theroscleratic cardiovascular disease reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): cerebrovascular accidents Itiple CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate iabetes cause. Enter UNDERLYING mellitus CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initieted evente reaulting in death) LAST PART Ii. Other aignificant conditione contributing to death but not reaulting in the underlying cause givan in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS bladder PERFORMED AMILABLE PRIOR TO arcinoma COMPLETION OF CAUSE 1 TES 2 NO 1 - YES 2 - NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Z 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) FYAMINER? OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 9 4 Homicide determined COMPLET 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. investigation, in my opinion, death occurred at the time, date and placs, and due to the cause(s) and manner as stated. ME AND TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D17591 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GEORGE Howell RD. HAGERSTOWN MD

6	7
	4 June
BALTIMORE, MARYLAND 21215-0020	fer death. Page 6 may be retained by the hospital or attending physician. 3 the funeral director, page 5 should be detached for use as the burial-transit permi
BALTI	ter death. Pa the funeral o

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL

BALLIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physici	illed in by the funeral director, page 5 should be detached for use as the burial- n, or removal.
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	E OF MARYLAND		MENT OF H		MENTAL HYGIENI REG. NO.	E							
Į.	1. DECEDENT'S NAME (First, Middle, Last) MARY MARGARET KELBY			2. DATE OF DEATH DA SEPTEMBER	20,1	9°9°4	3. TIME OF DEATH 4:30PM M							
	4. SOCIAL SECURITY NUMBER 8. SEX 1 □ M	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 8, 1908 MAR			LACE (State or Foreign LAND						
DIRECTOR	9e. FACILITY NAME (If not institution, give street and n 101 SOUTH STREET RESIDENCE OF DECEDENT	umber)		96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF DEATH DORCHESTER							
	10a. STATE 10b. COUNTY MARYLAND DORCHEST		TOWN OR LOCAT	ION	1.3			10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
FUNERAL	100. STREET AND NUMBER 101 MERRICK AVENUE			101.	21664	e fil		ZEN OF WHAT COUNTRY?						
COMPLETED BY FUNI	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. AF DES? 1 YES 2 X S, GIVE WAR OR DATES	RMED NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	Black,	- American Indian, White, atc. WHITE					
	7	(1-4 or 5+)	ECEDENT'S Using kind of wo		t of working	16b. KIND OF BUS	CTURI							
BE CO	JOHN MARKIEWICZ				MARYAN	ME (First, Middle, Maiden : A POSINSKI								
10	19a. INFORMANT'S NAME (Type/Print) JOSEPHINE WANEX 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. BOX 325, SECRETARY, MD 21664													
	20a. METHOD OF DISPOSITION 1 M Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specify Cappaign, Capp													
D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
	PART II. Other algorificent conditions contrib	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpattent 2 ER/Outpattent 3 DOA 4 Nursing Home 5 Medidence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined building, atc. (Specify) 26. PLACE OF INJURY 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 27. MANNER OF DEATH (Check only one) 28c. PLACE OF INJURY AT WORK? M 1 YES 2 NO 28c. PLACE OF INJURY OCCURED 28c. PLACE OF INJURY OF INJURY OCCURED 28c. PLACE OF INJURY AT WORK? M 1 YES 2 NO 28c. PLACE OF INJURY OF INJURY OF INJURY OCCURED 28c. PLACE OF INJURY OF I													
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To 1 One) 2 MEDICAL EXAMINER: On the								and manner as stated.					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO COMPCT	CAUSE OF DEATH OF	M 27) (Type, 1	Paint	D 22	19ER	29d. DATE	SIGNED (Aorth, Dey, Year)					
	31. DATE FILED (Month, Day, Year) SEP 2 2 1984	PERY WAS STENATOR	or-Rando	03 B	YDN S	ot can	nBR	106	E ms					



3. TIME OF DEATH 750

Approximete Interval Between Onset and Death 8 month

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 | YES 2 | NO

PM

2. DATE OF DEATH

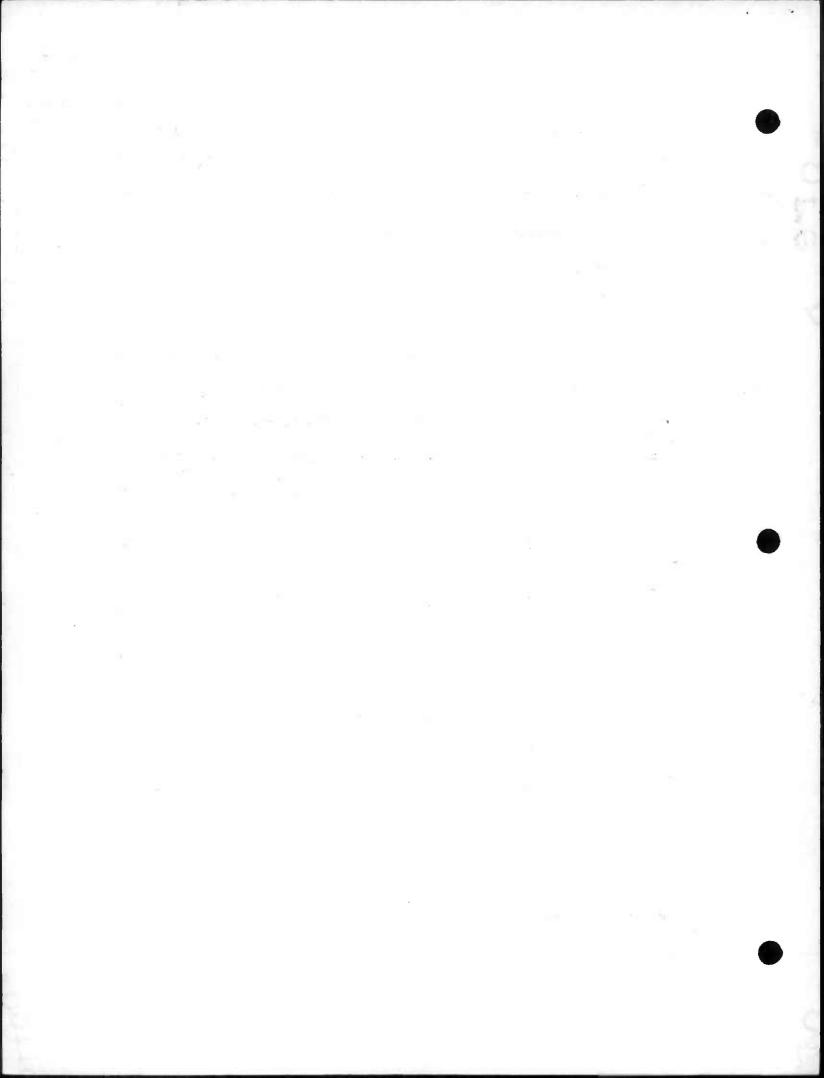
BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physicia	the funeral director, page 5 should be detached for use as the burial-ti	29
_	irs afte	n by th	remov
	non	filled i	m. or
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within er nours after death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the	hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
N	OR AT	DIREC	SUDOL

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

	- 4	BEVERLY	W			KNA	4NF	己	O9	L		74	750 P
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YE			7. DATE OF I				LACE (State or Foreign
10	11	219-34-0107	1 🗆 M 2 🖫 F	55	YRS.	MONTHS DA	YS HOURE	MIN.	Oct 2		938	Mary	yland
phould		9a. FACILITY NAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
	DIRECTOR	Howard County Ger	neral		Columbia						Howard		
7 3	[[[10e. STATE 10b. COUNT		10c, CIT	Y. TOWN OR LI	OCATION				10d. INSIDE CITY			
L3)	뜽	Maryland Wor	cester		70.								LIMITS?
		10e. STREET AND NUMBER	CESTEL		Ь	erlin	101. ZIP CO	DE			10g. CITIZI		YES 2 NO
usit pe	FUNERAL	4630 Ocean Pines					21	811			Un	f tod	States
physician. burial-transit	S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED		DECENDENT	OF HISPANIC				4. RACE -	- American Indian,
phy e bur	ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 AR OR DATES	KNO		s, specify Cut YES 2 NO		Puerto Ricar	1, #fc.)		Specify:	White, etc.
by the hospital or attending be detached for use as the at once.			CATION	14. 0									White
or aft	COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	completed)	- (Give kind of the Do NOT us	WORK done during the retired)	PATION g most of worl	ting	16b. KIN	ID OF BUS	INESS/INDU	STRY	
pital ed for	P	Elementary/Secondary (0-12)	College (1-4 or 5 +	')	Secre				De	Town	nor/P	000	Company
he hos detach once.	O	17. FATHER'S NAME (First, Middle, Last)	_		Jecre	cary	18, MO	THER'S NAM				ouse	Сощрану
by the	ШС	Richard Whiteraf	t					Grace			,		
5 should notified	00	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADORESS (Str	reet and Numb				, State, Zip C	Code)	
e 5 s	2	James Knauff			4630	0cean	Pines	, Ber	lin,	Mary]	land :	2181	L
nay be		20a, METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Rem	ours from State			OF DISPOSITIO	N (Neme of		OATE	20c. LOC	ATION — CI	ty or Town	ı, Stata
je 6 may irector, p		4 Donation 5 Other (Specify)	Oval Holli State	S1	remetory or o	nn's C	emeter	v	9-15	E11	licoti	t Cii	ty. MD
after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1.0		22. NAM	E ANO ADDR	ESS OF FACI	ury /e :	7,4,			
death e fune il.	9	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY & F. H. HARRY H. W. L. Z. C. F. HARRY H. W. L. Z. C. L. C. L. HILL - OLd Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colon like M. Z. C. L. HILL - OLD Colo											
nours after of in by the or removal.		23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate											
or in		shock, or heart feiture.	List only one cau	ise on each lir	ne.								Interval Between
		disease or condition	metasy	Kulley I	-ym,	homp							8 mon
completely fille ial, cremation, event, the		resulting in deeth)		(OR AS A CONS	EQUENCE O	F):							- mou
	Z	Constant all to the conditions of	· Renn	msul.	Licren	1001							lwak
	ST	Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EQUENCE O	F): \							1
physician physician ane prior to	2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c Junall	Bowel	Obs	muc 4	ON						Lucet
th certificate be execute and conding physician and condition burished by the condition of other traumatic	CERTIFICATION	that initiated eventa resulting in death) LAST	DUE 10	(OR AS A CONSI	EQUENCE O	F):							
the death certifi the attending I Mental Hygien Injury, or oth	ë		d										
requires that the death certificate be een signed by the attending physician of Health and Mental Hygiene prior shows any Injury, or other trau		PART ii. Other eignificent condition	e contributing to	deeth but not	reeuiting	in the under	lying ceuse	given in P	art I. 24	. WAS AN			YERE AUTOPSY FINDING
that ned b ith ar	8							_ 10	PERFORMEO?			COMPLETION DF CAUSE OF DEATH?	
quire: n sign f Hea	MEDICAL								_		7		YES 2 NO
> 0 4: _	ä	DID TOBACCO USE	CONTRIBUTE	TO CAL	JSE OF	DEATH	YES [ON	₩ I				
SICIAN: The laver certificate has the State Dept. d, or Item 23	PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (Chec	k only one)				
CIAN:	XS	1 TYES 2 DAY	1 npetient 2			4 - Nursing		Residence 8	Other (Sp	ecify)			
NG PHYSII fter this co eath with t	표	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIM	IURY	WORK?		28d. DESCRI	BE HOW IN	IJURY OCCU	IREO	
After 1 death death	B	2 Accident Investigation	28. BLACE O	E IN HIPW ALL			☐ YES 2						
TTEND after d after d 28 is		3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At It atc. (Specify)	iome, rarm,	street, tactory,	Office	1	City or To	N (Street al wri, State)	nd Number o	r Rural Rou	ite Number,
THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate higher within 72 hours after death with the State Deptator! If Item 28 is marked, or Item	LETE	29a. CERTIFIER											
TAL D	COMPL	(Check only											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT: If I	8	2 MEDICAL EXAMINE			* Investigatio	m, m my opinie				place, and	due to The	cause(a) a	ind manner as stated.
POR BED	B	29b. SIGNATURE AND TITLE OF CERTIFIED	1) 1	1. 1.			29c. LR	CENSE NUMB	ER		29d. DATE	SIGNEO (A	Aonth, Day, Year)
₽₽₹	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALL	IN KOS	EM 27 /5	(Print)	IDi	3850	1		X/4	unk	r 12,1994
		2000 Carll - D	/ . A. LI	L/171	/ 1	1	m	11	044	,			
5		31. DATE FILED (Month. Day. Year)	32, REMISTRA	R'S SIGNATURE	0111	mbin	1/6	11 01	274				
		SEP 13 199	4 Javis	R'S SIGNATURE	Rardall								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traissit per extension.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If tiem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE O	F DEAT	ГН	R	EG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH		YEAR	3. TIN	ME OF OE	EATH
	David Lee KISNER							MONTH 2 DAY				1:3	4P M	
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. las	l birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF B	HRTH		6. BIRTI	IPLACE	(State or	Foreign	
1 3	$220-80-7877$ $1 \times M 2 \square F$ 33 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) May 27, 1961								961	Mar		hnd		
	11ay 27, 1701										INTY OF D			
E I	Washington County	Hospita	1		Hag	erstow	n			Was	hino	ton	1	
5	RESIDENCE OF DECEDENT													
DIRECTOR	10a, STATE 10b, COUNT				Y, TOWN OR LO								INSIDE CI	ITY
		ngton		На	gersto								YES 2	
NA.	100. STREET AND NUMBER 111 Manor Drive					101. ZIP CODI				10g. CIT	IZEN OF V	WHAT C	OUNTRY	7
FUNERAL						217					USA			
교	11. MARITAL STATUS Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR					IC ORIGIN? (Sp n, Puarto Rican		or No—	14. RACE Black	E — Am k, White	nerican ir a, atc.	ndlan,
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				Specify	:			Spec	hit	۵	
	16. DECEOENT'S EDU	CATION	16a, QE	CEDENT'S	USUAL OCCUP	TION		16h KIN	D OF BUS	SINESS/INI	1			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ve kind of Do NOT u	work done during	most of working	g			J				
립	11	0		ands	caper			l la	wn					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-	18. MOTI	HER'S NAI	ME (First, Middle	, Malden	Surname)	-			
	Turner S. Kisner							nn Cox						
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS (Stre					n, State, Zij	p Code)			
임	Mary A. Kisner		1	11 M	anor Di	rive,	Hage	rstown	, Ma	ry1a	nd 2	174	0	
	20a. METHOO OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSITION	(Name of		OATE			City or To			
1	1 🖺 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	ovat from Stata	Mt.	Zion	Cemete	ery	9-	24-94	Bet	hesd	a. M	arv	1ano	1
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE						L HOME			,			
	> Switt	m		1								25.7	0.	17/0
	23. PART I. Enter the diseases, or	complications the	Meller	ath Do				Blvd.,				-		
	ehock, or heert fallure.	Liet only one ceu	se on each line		not enter the	node or dy	ng, aucr	1 aa Cerdiac	or respi	retory ar	Test,			Between
	IMMEDIATE CAUSE (Final disease or condition												and Death	
	disease or condition resulting in daeth) a. Vicumon 14 OUE TO (OR AS A CONSEQUENCE OF):													
Į Š	Sequentially list conditions, Due To (or As A gons squence of): Due To (or As A gons squence of): Due To (or As A gons squence of):													
¥	cause. Enter UNDERLYING													
Ē	CAUSE (Diseese or Injury that initieted events	. VV	(OR AS A CONSEC	DUENCE O	Ð: /	1				_				
CERTIFICATION	reaulting in death) LAST	a. Didb	eles	/	nell	itis	+	400	1	_			25	4r
	PART II. Other elaulticent condition		4 4 5 4 4)/	1 - 1 - 1					
DICAL	PART II. Other significent condition		death but not r	eeuiting	in the underly	ing cause o	given in i	Part I. 24s	. WAS AN PERFOR		24b	AVAILA	ABLE PRIC	
ă	Depression	1						10	YES 2	□ NO		OF OE	LETION O	F CAUSE
ME								_				1 🗆 Y	YES 2	NO
Z	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE O										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Che	eck only one)						
ΥS	1 TYES 2 NO	1 Inpatient 2			4 - Nursing i		aldence	6 Other (Spi						
품	27. MANNER OF DEATH 1 Natural 5 ☐ Pending	/ 28a. DATE OF (Month, D		28b. TIN	JURY	NJURY AT WORK?	-00	28d. DESCRIE	BE HOW I	NJURY OC	CURED			
B	2 Accident Investigation	20 21 102 0	Marian			YES 2	NO							
<u></u>	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, term,	street, fectory, o	fice	i	281. LOCATION		ind Numbe	or Runal F	Poute Nu	umber,	
E					-									
COMPLET		CIAN: To the best of												
ő	2 MEDICAL EXAMINE	R: On the beels of a	xamination and/or i	nveatigation	on, in my opinio	, death occur	red at the	time, data and	placa, an	d due to II	he cause(s	a) end rr	nenner e	a stated.
BEC	290 GROWATURE AND TITLE OF CERTIFIE	R .		_		29c. LICE	ENSE NUM	IBER		29d. DAT	TE SIGNED	(Month	, Day, Ye	ar)
	Dellen W	ma mor	, M			D3	355	47			91	21	19	4
5	10 NAME AND ADDRESS OF PERSON VI	COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Type	, Print)			.1		1	1	2 1	+ +	/
	Uhippmar	11110	Mec	1100	al Co	mou	15	bhe	PXS	town	N	d	1	
	31. OATE FILED (Month, Day, Year)	Land to sense t	R'S SIGNATURE					3				_~~		
	SEP 2 2 1994 d	all all ander	n-spendall	•										

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH					
	Earl Edward Klin					Sept. 12	,1994	м					
	4. SOCIAL SECURITY NUMBER 173-03-3800	1 🔀 M 2 🗆 F	E (In yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May 29,	01 Ma	ITHPLACE (State or Foreign Intry) LYLAND					
TOR R	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 13810 Poplar Grove Rd. RESIDENCE OF DECEDENT 96. COUNTY OF DEATH Washir												
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	y, TOWN OR LOCAT	rs town			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO					
FUNERAL	100. STREET AND NUMBER 13810 Poplar Gro			101	ZIP CODE 2174	12		F WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. R/	ACE — American Indian, ack, White, atc.					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION WORK done during mose retired.)		18b. KIND OF BU	SINESS/INDUSTRY Farm						
	17. FATHER'S NAME (First, Middle, Last) Samuel E. Kline				18. MOTHER'S NA	ME (First, Middle, Malden	surname) therman						
TO BE	19a. INFORMANT'S NAME (Type/Print) Ada Graybill		19b. MAILING 13810	Poplar	Ind Number or Rural GれOVE RO	floute Number, City or Tow	m, State, Zip Gode) DWN , Md .	21742					
	196. INFORMANT'S NAME (Type/Print) Ada Graybill 206. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 13810 Poplar Grove Rd. Hagers town, Md. 21742 206. PLACE AND DATE OF DISPOSITION (Name of Camalogy Trematery or other polece) 4 Donellon 5 Other (Specify) 207. PLACE AND DATE OF The Brethren 9-16-94 Greens burg, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LI		escy chart	00 110105 11	10 1 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
	IMMEDIATE CAUSE (Final	List only one cause on	each lina.	not enter the mo	de of dying, suc	h as cardiac or resp	iratory arrest,	Approximate interval Between Onset and Death					
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. CarDio - Pulmonary Orbits DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	PERFORMED? AWALABLE PRIOR T 1 YES 2 NO COMPLETOR OF CA OF DEATH? 1 YES 2 N												
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)							
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	itpetient 3 🗆 DOA	OTHER:		6 Other (Specify)	 -						
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year,		E OF 28c. INJ	-	28d. DESCRIBE HOW	NJURY OCCURED						
	2 Accident Investigation 3 Suicide S Could not be determined 23e. PLACE OF INJURY — At home, ferm, sitreet, factory, office building, etc. (Specify) 23e. PLACE OF INJURY — At home, ferm, sitreet, factory, office City or Town, State)												
COMPLET		ICIAN: To like best of my kno						e(s) and manner as stated.					
	296. SHIWATURE AND TITLE OF CERTIFIE	Δ			29c. LICENSE NU			ED (Month, Day, Year)					
38 0	Cum 1000	gh.	MD		-	444	P9-11	4-94					
5	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	, Print)									
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIG											
	SFP 1 4 1994	Juli Danden	Much										

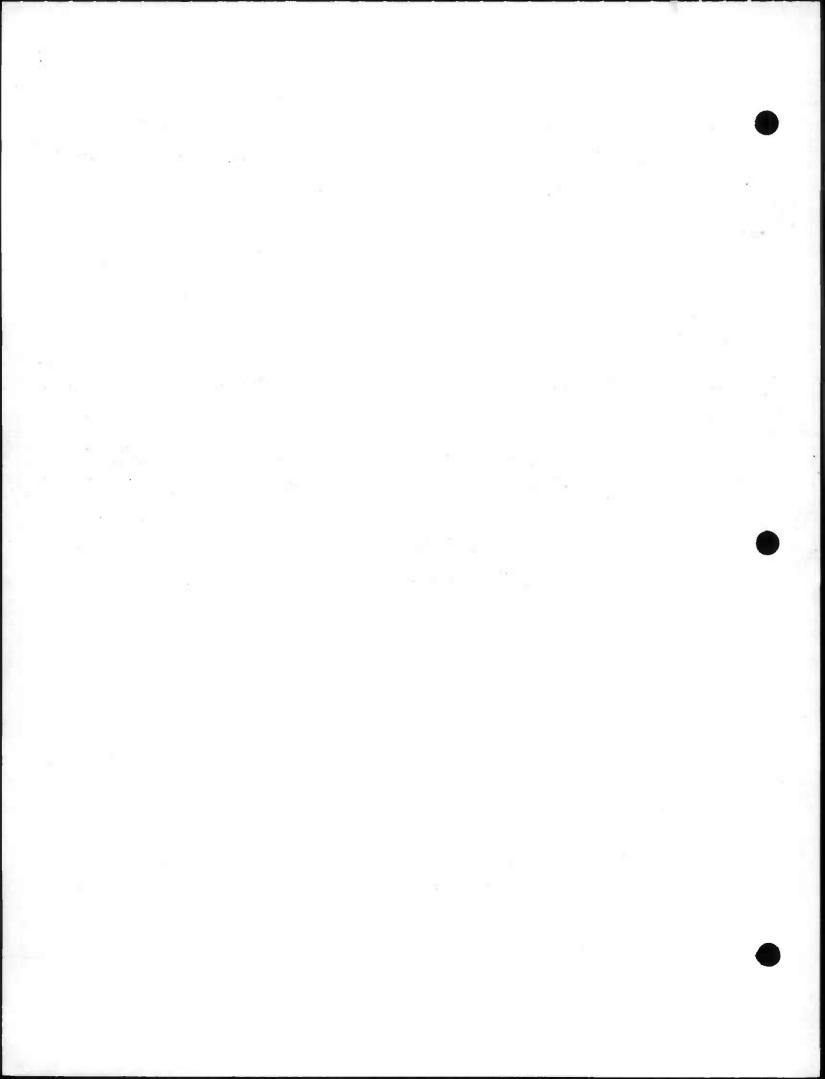
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician in the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

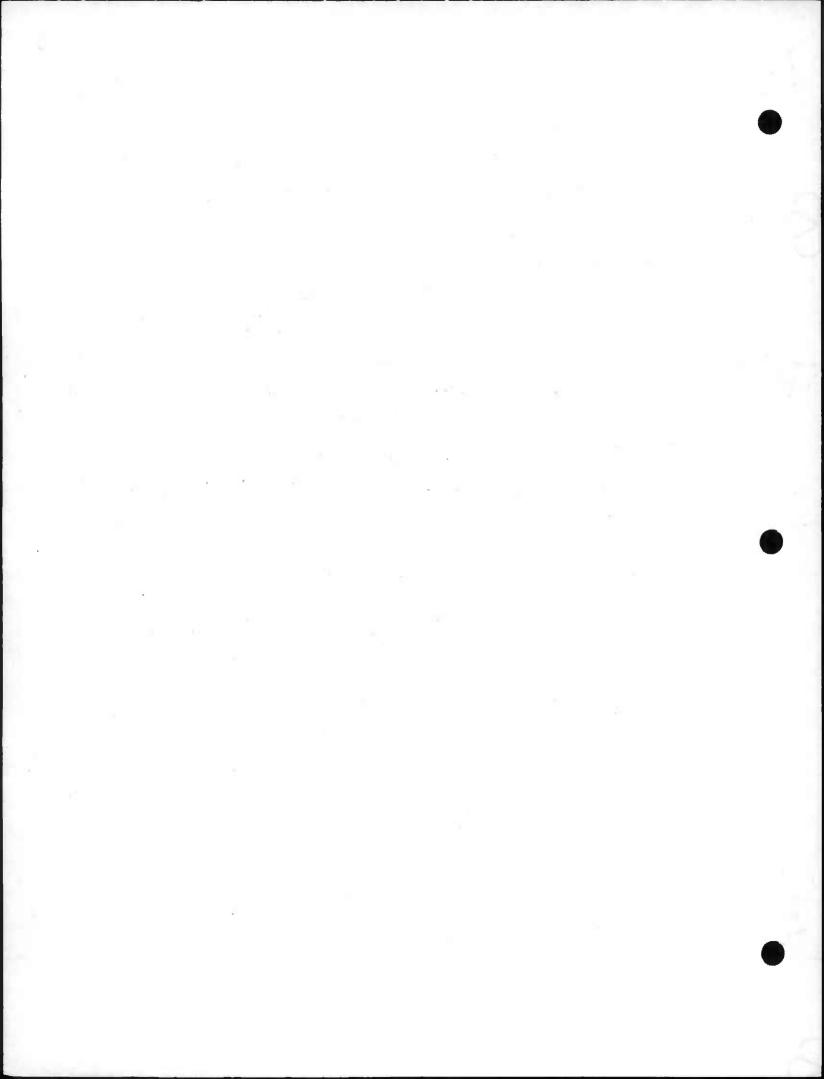


DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	4 hours after death, Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	re medical examiner must be notified at once.

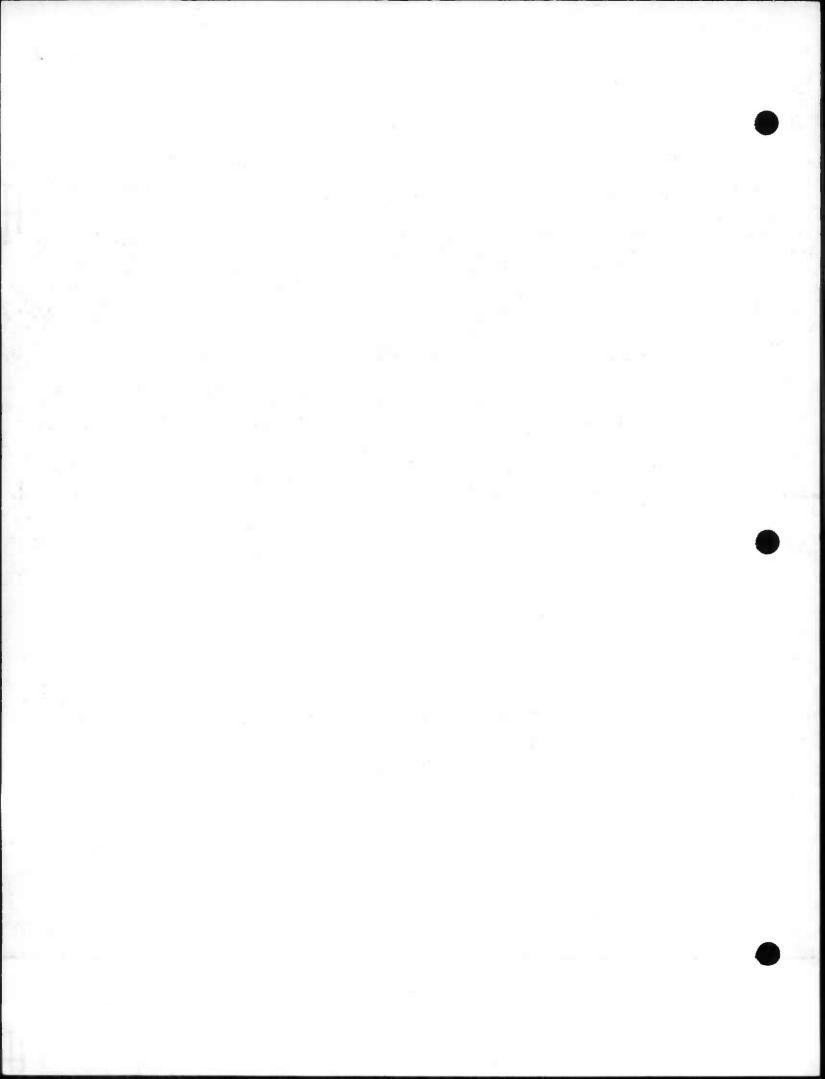
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	DEATH	1	REG. NO.						
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH			
	Ruth Gertrude					Sept	Sept. 17,1994			1:47 a.m				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	,		IPLACE (State or Foreign?			
	220 12 1113	1 🗆 M 2 💢 F	75	YRS.	MONTHS DAYS	HOURS MIN.	Apr.	ey, Year) 14,19	19	Countr	t Virginia			
Œ	90. FACILITY NAME (If not institution, give street Avalon Home Inc					OR LOCATION OF D	EATN			JNTY OF D				
рінестон	RESIDENCE OF DECEDENT													
HE	10e. STATE 10b. COUNTY				Y, TOWN OR LOC						10d. INSIDE CITY			
		ington		CI	ear Spr	ing					1 WES 2 NO			
BY FUNERAL	13003 Spickler Rd	١.				101. ZIP CODE 2172	22		WHAT COUNTRY?					
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 KN MR OR DATES	MED IO	If yes,	ECENDENT OF HISPA specify Cuben, Maxico ES 2 NO Specifi	en, Puerto Rice	Specify Yee in, atc.)	or No-	14. RACE Black Speci	American Indian, k, White, etc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION	16a. DE	CEDENT'S	USUAL OCCUPAT	TION	16b. KI	ND OF BUS	SINESS/IN	DUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5	litin	Do NOT us	se retired.)	nost or working								
MP	10		S	ecre	tary		Re	tail	Floo	or &	Carpet			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		tle, Maiden	Surname)					
BE		on				Ethe			_		ungb I ood			
2	19s. INFORMANT'S NAME (Type/Print)					er Rd. (22			
-	Bonnie Keeney 200. METNOD OF DISPOSITION		7					<u> </u>						
	1 Buriel 2 Cremation 3 Remov	rel from State	compton, cros	metany or o	OF DISPOSITION (DATE			City or To	, MD 21795			
	21. SIGNATURE OF SUNIMAL SERVICE LICES	A C SER	- I Gree	niaw		AND AODRESS OF FA		VVII	I I ams	spor i	, MU Z1797			
	· Marm	Ok	sea_		OSBO P.O.	RNE FUNER Box # 348	RAL HON	ME iamsp	ort.	,MD 2	1795			
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	mplicationa tha	t caused the de	ath. Do i	not anter tha m	oda of dying, suc	ch aa cardlad	or respi	ratory a	rrest,	Approximate			
- 1	IMMEDIATE CAUSE (Final	at only one cad	ae on each mie	•							Interval Between Onset and Daath			
- 1	disease or condition resulting in death)			Sepris							tas his			
		DUE TO	(OR AS A CONSEC		*									
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OH AS A CONSEC			e arter					1			
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC			andu	~			-				
E	resulting in death) LAST													
	DART II. Other deathers are illustrated		ull in the best of											
DICAL	PART II. Other significant conditions						Part I. 24	a. WAS AN PERFOR		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDIC	assure tota	wh .	eu v	216	in prec	ident	1	YES 2	(NO		COMPLETION OF CAUSE OF DEATH?			
Σ	nopuling Nome	Carolis	un anden	an	ne AC	my fabrit	lation				1 - YES 2 - NO			
AN	25. WAS CASE REFERRED TO MEDICAL	annu	mollec	uphu										
PHYSICIAN: M	EXAMINER?	HOSPITAL:	10 75		OTHER:	PLACE OF DEATH (C)	,,							
1XS	1 TYES 2 TNO	28e. DATE OF	ER/Outpatient 3	ODA 28b. TIM		me 5 - Residence	1							
ā	1 Natural 5 Pending	(Month, D	ay, Year)		URY	ORK?	28d. DEŞCRI	IBE NOW II	NJURY OC	CURED				
В	2 Accident Investigation 3 Suicide De Could not be	28e, PLACE O	F INJURY AI hor	me ferm			284 LOCATIO	ON /Stenat s	t and Number or Rural Route Number.					
COMPLETED	4 Nomicide a Could not be	building,	atc. (Specify)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			own, State)		n or runar r	oute Hambel,			
2	290. CERTIFIER 1 CERTIFYING PNYSICI	AN: To the best of	my knowledge, de	ath occur	ed at the time, de	te end place, and due	to the ceuse(e) and men	nner es st	ited.				
∑ O	CENTIFIEN 2 CENTIFIEN 2 CENTIFIEN 2 CENTIFIEN 3 CENTIFIEN 3 CENTIFIEN 4 CENTIFIEN 4 CENTIFIEN 4 CENTIFIEN 4 CENTIFIEN 5 CENTIFIEN 5 CENTIFIEN 6 CENTIFIEN 6 CENTIFIEN 6 CENTIFIEN 7 CENTI													
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)			
BE	~~~	the my				3 (801	9			1,17				
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEN	1 27) (Type	Print)									
	SEP 1 91994	W MO	334	M	ונג ב	7 MAG	ERSTO	w~	, M	02	1240			
	31. DATE FILED (Month, Vay, Year)	32. REGISTRA	R'S SIGNATURE											
	SEP 1 9 1994 (Anhorden	west North	-										



		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 9 13 9 1	3. TIME OF DEATH 3 20 PMM											
	7		HPLACE (State or Foreign											
Domestic Street	н	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D	/VId.											
(7)	6	DORCHESTER FENERAL HOSPI COMBRIDGE. TORCHESTER 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
		100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY Cambridge Cambridge												
Sit be	ERAL	100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF W 2/6/3 4	WHAT COUNTRY?											
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE Black 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)	E - American Indian, k, Whita, atc.											
ZZ Zalor for u	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY												
YLAND by the hospil be detached at once.			· to a second											
should strilled			iary											
KE, M nay be ref ; page 5 s	1 1	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or To	oge, Md,											
Page 6 may ral director, p		4 Donation 5 Other (Specify) Thompsowth 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	own, Md,											
death death fune fune		Janelle C. Henry Henry Funeral Home	bridge Ma											
hours after of in by the or removal		23. PART I. Enter the diseases, or complications that caused the deth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Cardiopulmonary Arrest	Approximate interval Batween Onset and Death											
with hiller till cremation, rent, the		disease or condition resulting in death) a. Cardlopulmonary Arrest Due to (or As A consequence of):	4 Min											
and and o bur		Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Gastric Cancer Due TO (OR AS A CONSEQUENCE OF):	3 Month											
C. B. Sertificate ing physique p	TIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
death atten			WERE AUTOPSY FINDINGS											
A and at I		PERFORMEDY 1 TYES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
She she			1 TYES 2 NO											
N: The law ficate has be State Dept.		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1												
NG PHYSICIAN: The tree this certificate sath with the State marked, or iten														
R: Affer the death		2 Accident Investigation	Route Number,											
ON ATTENDING OR ATTENDING DIRECTOR: After hours after death	1 - 1													
로 크 C =	1 2 1	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a)	s) and manner as stated.											
TO THE HOSPIT TO THE FUNERA be filed within 7	H	296. SIGNATURE AND TITLE OF CERTIFIER William Bair 29c. LICENSE NUMBER 29d. DATE SIGNED	(Monty, Day, Year)											
2	욘	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WHILLIAM Barr 4 Aurora Sc Cambridge my	21613											
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SFP 1 6 1994 Sulva Davelson Randall												



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	1 - STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	GUY JOSEPH	La	lama			9 1994	
			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
	194-01-3584 1X M 2 G F 72 9a. FACILITY NAME (If not institution, give street and number)	YRS.		R LOCATION OF DI	SEPT.12.		PENNSYLVANIA
DIRECTOR	Memorial Hospital at Easton		Easton			Tall	oot
3	10a, STATE 10b, COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY
	MARYLAND QUEEN ANNE'S	C	ENTREV	ILLE			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		101	ZIP COOE	-		OF WHAT COUNTRY?
Ä	311 HOLLY STREET			2161		USA	
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U. FORCES? 1 X YES	J.S. ARMED 2 NO	If yes, sp	city Cuban, Maxica	NIC ORIGIN? (Specify Yar in, Puarto Rican, etc.)	or No- 14. I	RACE — American Indian, Black, White, atc.
B	3 Wildowed 4 Divorced 1944-1945	ES	1 TYES	2 X NO Specif	y:		Specify: WHITE
COMPLETED		18a. OECEDENT'S U	SUAL OCCUPATION OF MINING THE	IN of working	16b. KIND OF BU	SINESS/INDUSTR	
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	retired.)				
MP		ÆTALLU	GICAL	ENGINE	ER STEE	L IND	USTRY
BE CO	17. FATHER'S NAME (First, Middle, Last) FRANK LALAMA				ME (First, Middle, Maiden LLA TROLI		
TO B	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow		
F	ELIZABETH LALAMA	311	HOLLY	ST., (CENTREVII	LE, M	D 21617
		LACE AND DATE OF PROCESSION OF OTHER HESTERF				CATION — City of TREVI	Town, Steta
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA			
	JOHN R. MERLERON	C ES 5			RISON ST.	-	and the second s
	23. PART I. Enter the diseases, or complications that caused t	the death. Do no	t anter the mo	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximata
	ahock, or haart fallure. List only one cause on eac IMMEDIATE CAUSE (Final	:h iina.					Interval Batwean Onset and Death
	disease or condition resulting in death) a. Septic Shoc	k					48 hrs.
	DUE TO (OR AS A C	ONSEQUENCE OF):					40 1115.
S O	Sequentially list conditions, OUE TO (OR AS A C	ell lung	Cancer				2 yrs.
I AT	cause. Enter UNDERLYING	ONSEGUENCE OF J.					
띮	CAUSE (Disease or Injury that initiated eventa OUE TO (OR AS A C	ONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST						
	PART II. Other significant conditions contributing to death but	not resulting in	the underlying	cause given in	Part I. 24a. WAS AN	AUTOREY	24b. WERE AUTOPSY FINDINGS
CAL	Diabetes		and an acreying	oudda givaii iii	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	Alzheimera				1 YES 2	Хио	OF DEATH?
≥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES	₩ NO F	UNCERTAIN			1 TYES 2 NO
× I	25. WAS CASE REFERRED TO MEDICAL 28	PLACE OF DEATH		OTTELRIAII	10		
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 X NO HOSPITAL: 1 Inpetiant 2 ER/Outpeti		OTHER:	5 Realdence	8 Other (Specify)		
刮	27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	JRY AT RK?	28d. DEŞCRIBE HOW II	NJURY OCCURE	0
À	2 Accident Investigation		M 1 🗆 1	ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide datarmined	At home, farm, atr	eet, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
<u> </u>	An OSERVICIO						
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination as						se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			NED (Month, Day, Year)
8	Note Ottes UND			D44749		► Augi	
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, P	rint)	~ 1717)		Aug	WC 27 1774
		tchmans	Lane	Easton	Md. 216	501	
	AU Go 3 1 1994	20-1-10		- 20			
	Manual Control	CONTRACT					
							DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MA			IMENT OF I		MENTA	. HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY Y	EAR 3.	TIME OF DEATH
	Marguer		E. AGE (in yrs. les		Lewis	T	Se		16 9	14	8:36 P
9	215-38-0114	1 M 2 W F	61 62		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Month	Day, Year)	932	Country)	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give s		U.		9b. CITY, TOWN	OR LOCATION OF D		. 10, x	9c. COUNTY		
OR	MEMORIAL HOSE	PITAL			EAS	TON			TAI	BOT	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR LOCA	TION				104	1. INSIDE CITY
	MARYLAND TA	ALBOT			EAS	TON				1 (LIMITS? X YES 2 \ NO
FUNERAL	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZE	OF WHA	COUNTRY?
NE	702 DOVER ROP	12. WAS DECEDENT	EVED IN 11 C AR	MED		216				JSA	
	1 Never Merried 2 X Married	FORCES? 1 [YES ZXX	10	If yea, sp	ecify Cuban, Mexic 2 X NO Speci	en, Puerto F		or No- 14	Black, W Specify:	Americen Indien, hite, etc.
ВУ	3 Wildowed 4 Divorced				1	Z MIO Spoor	····			арвону,	WHITE
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	/G		USUAL OCCUPATION done during me		- 58		SINESS/INDUS		COMPANY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			ORKER		I.M.	ANUFA	CTURI	.NG	COMPANY
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	CON			Oldina	18. MOTHER'S N	AME (First, A	fiddle, Maiden	Surneme)		
BE (JULES MAX OBEF	CSUN							ISE E		
0	19e. INFORMANT'S NAME (Type/Print)	WITE OD				and Number or Rural					
	FRANKLIN L. LE 20a. METHOD OF DISPOSITION		-		F DISPOSITION (N	R RD.,	EAST		CATION - CIT		State
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cametery, cre	matory or oth	CREMA				ISBUE		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2		22. NAME A	M FUNE	ACILITY				
	JOHN R. M	NERLER.	6			HARR		-		'ON -	MD
	23. PART I. Enter the diseases, or enock, or heart failure.	complications that	ceused the de	eth. Do n	ot enter the mo	ode of dying, au	ch as cerd	lec or reapi	ratory erres	1,	Approximate Interval Between
	IMMEDIATE CAUSE /Final	0.5 750			i.	00.00	0 0				Onaet and Death
	resulting in deeth)	· Nexsu	lall (JUL OF	ung	Cano	~~	•			14 more
_		202 10 (0	M AS A CONSE	JOENCE OF	,						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	R AS A CONSEC	DUENCE OF):						
CA	CAUSE (Disease or Injury	C	R AS A CONSE	NIEWOT OF							
	that initieted events reaulting in death) LAST	DOE 10 (0	H AS A CONSE	DUENCE OF	j:						
	PART ii Other significant condition	a and thuilan in d					-				
CAL	PART II. Other eignificent condition	e contributing to o	eath but not r	esuiting ii	n the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO WPLETION OF CAUSE
							-	1 YES 2	□ NO	OF	DEATN?
N	DID TOBACCO USE CONT	RIBUTE TO CAU	SE OF DEA	TH YE	NO E	UNCERTAI	N 🗆			''	1 1ES 2 NO
— 1	25. WAS CASE REFERRED TO MEDICAL		28. PLAC	_	(Check only one)						
5	EXAMINER?	HOSPITAL -									
YSICIA	1 TYES 2 NO	HOSPITAL:			4 - Nursing Hon		1				
PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Pinpatient 2 E 28a. DATE OF IN (Month, Day,	IJURY	28b. TIME	OF 28c. IN.	JURY AT ORK?	1		NJURY OCCUP	RED	
BY	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	IJURY Year)	28b. TIME INJU	OF 28c. IN.	URY AT ORK? YES 2 NO	28d. DES	CRIBE HOW I			Number,
D BY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 (2 inpatient 2 = E 28a. DATE OF IN (Month, Day,	IJURY Year)	28b. TIME INJU	OF 28c. INJ	URY AT ORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCUP		Number,
D BY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28a. DATE OF IN (Month, Day,	IJURY Year) INJURY — AI ho c. (Specify)	28b. TIME INJU	OF 28c, IN, IRY WC 1	IURY AT ORK? YES 2 NO	2ad. DES	CRIBE HOW II ATION (Street a per Town, State)	and Number or		Number,
D BY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28s. DATE OF IN (Month, Day, 28s. PLACE OF building, et	IJURY Year) INJURY — AI ho c. (Specify) y knowledge, de	28b. TIME INJU	OF 28c. IN. WC 1	PURY AT ORK? YES 2 NO	28d. DES	ATION (Street a per Town, State)	and Number or	Aural Route	
E COMPLETED BY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et	IJURY Year) INJURY — AI ho c. (Specify) y knowledge, de	28b. TIME INJU	OF 28c. IN. WC 1	PURY AT ORK? YES 2 NO	2ad. DES 2af. LOC. City of	ATION (Street a per Town, State)	and Number or	Rural Route	
COMPLETED BY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et	iJURY Year) INJURY — At ho c. (Specify) y knowledge, de mination end/or i 7	28b. TIME INJU	OF 28c, IN. WC 1 M 1 Ireet, fectory, officed at the time, date b, in my opinion, c	EURY AT SPACE PES 2 NO e end plece, end due death occured at the	2ad. DES 2af. LOC. City of	ATION (Street a per Town, State)	and Number or	Rural Route	d menner ee stated.

32 REGISTIMES SIGNAMON de DE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0030

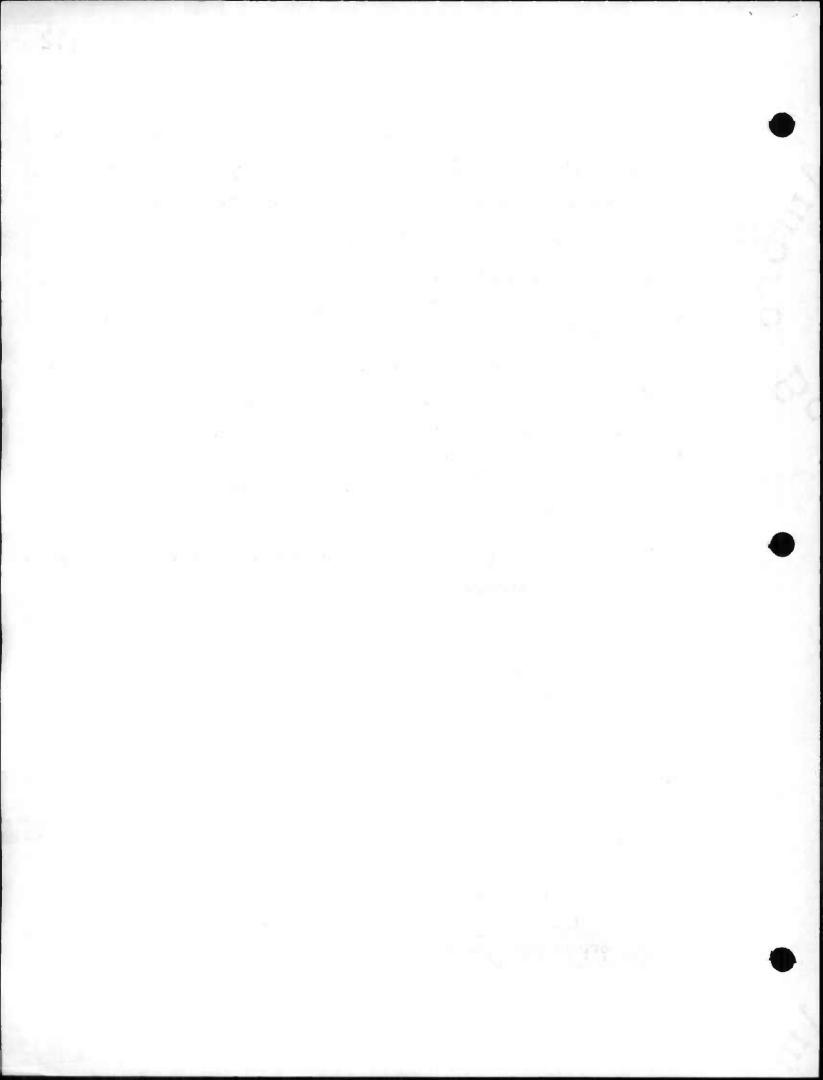
DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

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13146	executed
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN:
ISION	ATTENDING
\leq	BO
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4.3 1.100
	置
	2

- 1	,	1. DECEDENT S NAME (First, Middle, List)		1		MONTH DA		R 3. TIME OF DEATH			
			AMPBELL	LACRO		9/7	1999	1 7:25 A "			
.			SEX 6. AGE (In yrs.	***************************************	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH.		RTHPLACE (State or Foreign cuntry)			
-	R	9a. FACILITY NAME (If not institution, give street 9433 WANDE)	RING WAY	-	TY, TOWN OR LOCATION OF DE		HOU	VARD			
7	5	RESIDENCE OF DECEDENT	1770 05777			, ,,,,,,,	1700				
J	DIRECTOR		WARD	COL	OR LOCATION 4MB/A			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	FUNERAL	9433 WAND	PERING W	AY	2/04	5	10g. CITIZEN	S, A.			
the building	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxica 1 YES 2 NO Specif	in, Puarto Rican, etc.)	1 0	ACE — American Indian, Black, Whita, atc.			
O Tor use as	COMPLETED			DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working (.)	COUNT					
once.	No	17. FATHER'S NAME (First, Middle, Last)	MOTERS	LACI		ME (First, Middle, Maiden	_	o L division for K			
8 %	BE C	CLARENCE F.	CAMPBEL		ALICE	J. 15A	BELLI				
o snource notified	9	196. INFORMANT'S NAME (Type/Print) ROCHELLE W	1.0		SS (Street and Number or Rural						
9		20s. METHOD OF DISPOSITION	20b, PLA		Name of cemetery, crematory or		CATION — City				
must		1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	157		CEMETERY		ICOTT	C174, MD			
i. examiner		21, SIGNATURE OF PUMERAL MERVICE LICES	HSEE /		2. NAME AND ADDRESS OF FA JOSEPH LEE	CANBY FO	NERAL	DIRECTOR			
or removal.		23. PART I. Enter the diseases, or col		deeth. Do not ent				Approximate			
		IMMEDIATE CAUSE (Final	at only one cause on each	2011		,		Interval Between Onset and Death			
ompletely file if, cremation, event, the		disease of condition resulting in death) a.	SQUAMON FUE TO (OR AS A CON	is cell	carcinoma	pharyr	/ X	1-2 yrs			
c eve	_	.	The total	NSEQUENCE OF):		, ,		,			
sician and control to buria	Ş.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	NSEQUENCE OF):							
er tra	2	CAUSE (Disease or injury									
ending physician and con Hygiene prior to burial, or other traumatic e	CERTIFICATION	that initiated events Due to (or as a consequence or): resulting in death) LAST									
		PART II. Other significent conditions	contributing to death but o	ot resulting in the	underlying cause given in	Part I. 24s, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS			
7 2 2	EDICAL	Trace in other arginitoria conditions	Tolling to death but it	or reasoning in the	and any manage Angel III	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Health a	MED						Alic	OF DEATH?			
ept. of		(
tate D	PHYSICIAN		HOSPITAL:	отн		I THE CONTRACT OF STREET					
the S	нүѕ	1 YES 2 KNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatier 28s. OATE OF INJURY	26b. TIME OF	tursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	:0			
: After this certificate has to death with the State Dept is marked, or Item 23	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?						
2 afe	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street, t	factory, office	281. LOCATION (Street City or Town, State)		ural Route Number,			
hours Hem	COMPLET	29e. CERTIFIER Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowledge	e, death occurred at th	ne time, date and place, end du	e to the cause(s) and ma	nner as stated.				
FUNERAL within 72 I	ŏ.	anni	On the basis of examination and	d/or investigation, in m	ny opinion, death occured at th	e time, data and place, a	nd dua to the ca	use(s) and menner se stated.			
TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE ON CERTIFIES	pli MD		29c. LICENSE NU	110-	29d. DATE SH	SNED/Month, Day, Year)			
7	5	30. NAME AND ADDRESS OF PERSON WHO DAVID W. E'CL	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print) BOX 4/	402 Balti		2/20	13-640z			
		31. DATE FILED Month, Day, Year)	32. REGISTRAT'S SIGNATUR	HE Wolfer Randal	4			•			

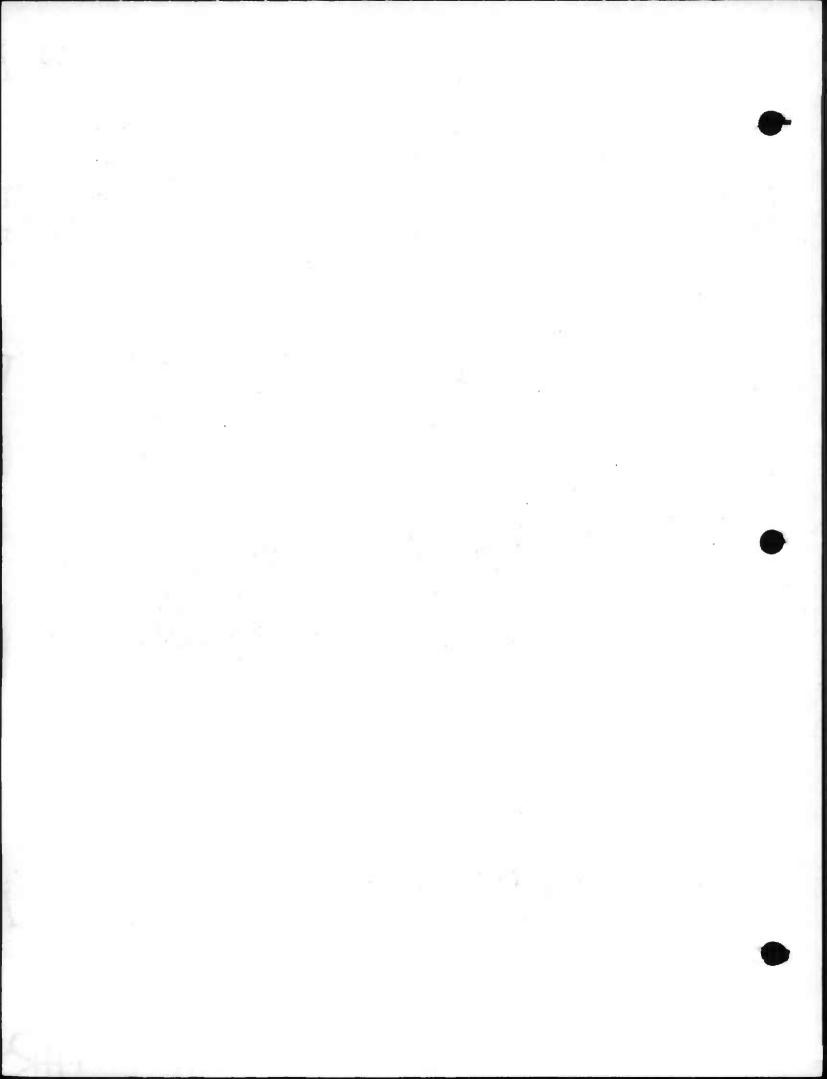
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	d in by the furreral director, page 5 should be detached for use as the burial-tran: or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

DIVISION OF

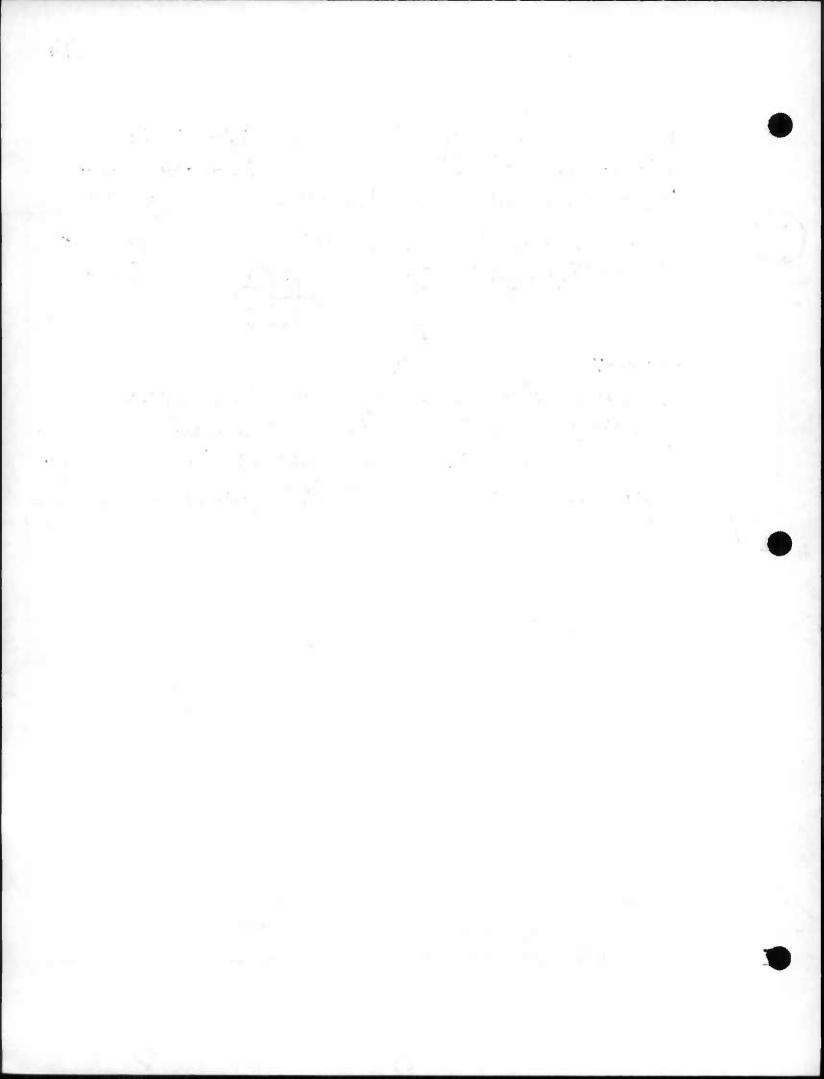
	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.	
	DECEDENT'S NAME (First, Middle, Last)	Pearl M.	Lydic		2. DATE OF DEAT	13 19	YEAR 10:05 A M
	4. SOCIAL SECURITY NUMBER 203-10-2589	1 🗆 M 2 💢 F	(In yrs. lest birthday) 72 yrs.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MH	/84		a. BIRTHPLACE (State or Foreign Country) Penna.
DIRECTOR	90. FACILITY NAME (If not institution, give so Washington Co.			96. CITY, TOWN OR LOCATION O Hagerstown	F DEATH	U.S. 200	shington
2	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY
	Penna. Fy	ranklin	G	reencastle		To an	1 TYES 2 NO
FUNERAL	6724 Guitne			17225			ZEN OF WHAT COUNTRY? U.S.A.
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 X NO S	xican, Puerto Rican, atc	/ Yee or No—	14. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF	BUSINESS/IND	USTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	Representativ	e Cos	metic (Co.
E CON	17. FATHER'S NAME (First, Middle, Last) Samuel Ch	namberlain			NAME (First, Middle, Ma rtle Cutch		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or R	ural Floute Number, City or	Town, State, Zip	Code)
۲	Renee A. Rife		672	4 Guitner Road	Greencast	le, Pa	. 17225
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from State 20b	PLACE AND DATE OF PLACE AND DA	prosposition (Name of Cemetery 9			city or Town, State Sburg, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LI	Zernena	_2-	Zimmerman Greencastl	And Son Fu		
	23. PART I. Enter the disease, pr	complications that caused	d the deeth. Do n			espiratory em	
	IMMEDIATE CAUSE (Finel	List only one ceuee on e		in the Co	1,		Interval Between Onset end Deeth
	disease or condition resulting in death)	· Conges	11 VE /		VIZE.		
_		DUE TO JOR AS A	CONSEQUENCE OF	ARTERY D	SEASE	•	
ATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O		4.4		
FIC	CAUSE (Diseese or Injury that initieted events	c. UTTU	CONSEQUENCE OF	D. 4			
CERTIFICATION	resulting in deeth) LAST	· ASTHN	18770	BIZONCh	MIST DI	NETE	smellins
١٢	PART II. Other eignificent condition	ne contributing to deeth b	out not resulting	n the underlying cause giver		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL						RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥							1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 84 405 05 05 454			
SICI	EXAMINER?	HOSPITAL:	netlant 3 🗆 DOA	26. PLACE OF DEATH OTHER:			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM		28d. DESCRIBE H		CURED
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 YES 2 NO			
COMPLETED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, s	treet, fectory, office	281. LOCATION (St City or Town, S		or Rural Route Number,
MPL				ed at the time, date end place, end			
	29b. SIGNATURE AND TITLE OF CERTIFIE		ri end/or investigatio	n, in my opinion, death occured at			
TO BE	WWIGH	D 11005	JAR	MY 29c. LICENSE	2043	29d. DATE	E SIGNED (Month, Day, Year)
	De D DOOS	ter 1799	Hou	pell Road	Hogerst	own 1	md 51740
	31. DATE FILED (Month, Day, Year) SEP 1 5 1994	32 REGISTRAR'S SIGN		ñ	J		
1	I - U J J J M	47					



1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First, Middle, Last) ROSE Alberta Molock 2. DATE OF DEATH MONTH DAY O9-10-94 4 2 A
Р		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. liest birthday) F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Morth, Day, Year) 1
S should	TOR	90. FACILITY NAME (If not institution, give street and number) 9704 - Tilghman Road McDaniel Talbot Talbot
(7)	DIRECTOR	RESIDENCE OF DECEDENTO 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO
Blan.	FUNERAL	100. STBEET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 21647 W.S.
17 14 14 14 14 14 14 14 14 14 14 14 14 14	BY	11. MARITAL STATUS 1 Married 12 Married 12 Merried 13. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, 15 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, 15 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, 15 16. RACE — American Indien, 16 16. RACE — American
2120 iital or att d for use	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use reliefed.) 16b. KIND OF BUSINESS/INDUSTRY
MARYLAND 21 te retained by the hospital of 5 should be detached for notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) TOENN'S Fletcher 16. MOTHER'S NAME (First, Middle, Meiden Sumerne) FRANC'S MARShall
	TO B	19a. INFORMANT'S NAME (TyperPrint) MOLOCK 9.704-Tilghman Rd. St. Michaels, Md.
MORE, R Page 6 may be al director, page		208. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) St. M.; Chaels, Md.
ALT death. death. e funera		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Fanello C. Henry 22. NAME AND ADDRESS OF FACILITY HENRY FUNERAL HOME 2161: 510-Washington St. Cambridge Mo
d in by or remo		23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final
ithin fetely emati		disease or condition resulting in death) a. METASTATIC INTESTINAL CARCINOMA 4 Mo.
13: execute and to but	CATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING
O. B. Bhr certificat ending physiene profile of other or other	ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST
DS transporter	0	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDING PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF BRATE?
A . 9 . 10	4: MEDICAL	OF DEATH?
N: TI ficate State	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 1 Input lent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Medidence 6 Other (Specify)
IN OF V ING PHYSICIA After this certifice eath with the marked, or	у РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Morith, Dey, Year) 28b. TIME OF WORK? 1 Netural 5 Pending Investigation 2 Accident Investigation
DIVISION DIRECTOR: After death from 28 is mar	TED B	3 Suicide s Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
425	COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 296. 126 3 50 9/12/94
3	TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WHIPMS Branch ND ST. MCHAELS MD 2663
a sec		31. DATE FILED (MONTH, Day, Year) 32. REGISTRAN'S SIGNATURE SEP 1 6 1994 Julia d'Auxilian Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



THE PERSON NAMED IN COLUMN TO PERSON NAMED I

	1. DECEDENT'S NAME (First, Middle, Las	milles					MONT	OF DEATH	Y Y	EAR	ME OF DEATH
	Catherine O. 4. SOCIAL SECURITY NUMBER						9	14			:50 A
			AGE (In yrs. last	840	HTHS DAYS		(Mont	OF BIRTH		BIRTHPLACE Country)	(State or Fo
	212-38-6067		79	YRS.	357		111	17/14		MD	
" l	9s. FACILITY NAME (If not institution, give			96		OR LOCATION OF	DEATH		9c. COUNTY		
CTOR	Frostburg Nur	sing Home			Fro	stburg			ALL	egany	
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COU	NTY		10c CITY TO	OWN OR LOC	ATION				104.1	NSIDE CIT
DIRE	Md. A	llegany			rostbu						IMITS?
	10e, STREET AND NUMBER					IOI. ZIP CODE		-	40 017177	- 4	YES 2
¥	140 E. Main	C+ *			[]	21532			_	S.A.	CUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	VED IN ILE ADM	150	I 40 MM 0 04						
	1 Never Married 2 Married	FORCES? 1	YES 2 NO)	If yes, a	ECENDENT OF HISF specify Cuban, Max	can, Puerto		or No- 14	. RACE — Am Black, White	nericen indi e, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYE	ES 2 NO Spe	offy:			Specify:	ite
8	15. DECEDENT'S E		16a. OEC	EDENT'S USI	UAL OCCUPAT	TION	166	. KIND OF BUS	INESS/INDUS		Troe.
E	(Specify only highest gri	College (1-4 or 5+)	(Giv		done during n	most of working	1				
립	12	4		Teach	er			County	School	ols	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTHER'S	AME (First.	Middle, Maiden S	Surname)		
BE C	Perry Dudley						Eck		,		
	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	t and Number or Run	I Route Num	ber, City or Town	, State, Zip Co	ide)	_
2	Richard K. Mill	er				St., F					
	20s. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Re		20b. PLACE AN	ID DATE OF D	SPOSITION //	Name of	DAT		CATION — City		rta
	1 Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Denation 5 ☐ Other (Specify)	amoval from State	Eckna Eckna	rt. Cel	placel.	7	9/1	17 Eck			
1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	20000	- 0 00		AND ADDRESS OF		-/ 25-51			
	> hd. D	16/			D	A 170	T The	The same		Was	
	TIME !									L'A PIELA	
	23. PAST I. Enter the diseases, cahock, or heart failur IMMEDIATE CAUSE (Final disease or condition	e. List only one cause	on each line.		enter the m		ich as can	diac or respir		,	Approxim
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A LET ONLY TO (OR DUE TO (OR	as a consecu	NUMN JENCE OF):	enter the m	node of dying, s	ich as can	diac or respir		,	Approxim
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. A LET ONLY TO (OR DUE TO (OR	on each line.	NUMN JENCE OF):	enter the m	node of dying, s	ich as can	diac or respir		,	Approxim
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. A LET ONLY ONE COURSE TO (OR DUE TO (OR C.	AS A CONSEOU	JENCE OF):	enter the m	node of dying, s	ich as can	diac or respir		,	Approxin
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. A LET ONLY ONE COURSE TO (OR DUE TO (OR C.	as a consecu	JENCE OF):	enter the m	node of dying, s	ich as can	diac or respir		,	Approxim
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. A LET ONLY ONE COURSE TO (OR DUE TO (OR C.	AS A CONSEOU	JENCE OF):	enter the m	node of dying, s	ich as can	diac or respir		,	Approxim
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MOS \$ 1,635

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	ERTIF	ICATE OF	DEATH	REG. N	O.			
1. DECEDENT'S NAME	(First, Middle, Last)						2. DATE OF DEATN			3. TIME OF DEAT	н
FLORENCE	E	В		M	CCOSKRIE		SEPTEMBER	15.	1994	07:40	AN
4. SOCIAL SECURITY N 298-03-6	530_	5. SEX 1	6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 9-13-11		_	PLACE (State or For	
99. FACILITY NAME (# /	HEART HO				96. CITY, TOWN C	DR LOCATION OF D			UNTY OF D		
RESIDENCE OF 100. STATE	10b. COUNT Alle				y, town on Locat Midland	TION				10d. INSIDE CITY LIMITS?	
Maple Rid						21542			TIZEN OF V	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		II yee, sp	ENDENT OF NISPA ecity Cuben, Mexic 2X NO Speci	NIC ORIGIN? (Specify on, Puerto Rican, atc.)	fes or No-	Black	- American India c, White, etc.	n,
	DECEDENT'S EDU y only highest grade ary (0-12)		(G life	CEDENT'S live kind of a Do NOT us		ON st of working	16b. KIND OF E	Home	IDUSTRY	·	
17. FATHER'S NAME (Fir							AME (First, Middle, Maidle Cabe	en Sumame)			
19e. INFORMANT'S NAM							Route Number, City or 7				_
Mary Judit		son					,Stow, Oh	_	_		
20e. METNOD OF DISPI 1 Department 2 Crem 4 Donation 5 C	nation 3 Rem hther (Specify)				of disposition (Ne ther place) IS Cemet	ery 9-1	7-94 Mi	dland	,Md.	wn, State	
21. SIGNATURE OF FUN	ERAL SERVICE LIC	CENSEE					nzie Fune 21539	ral H	Iome		
iMMEDIATE CAUSE disease or condition resulting in death)	(Final n →	Δ.	OR AS A CONSE	P 8	monie	~				interval Ba Onset end	
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated evants resulting in daeth)	RLYING Injury		(OR AS A CONSE								
PART II. Other sign	Rem	hy Unit	burn	1/2	a De	The same	PERF 1 YES	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF COP DEATH?	TO AUSE
25. WAS CASE REFERRI		CONTRIBUTE	TO CAU	or OI		ACE OF DEATH (C	4				
EXAMINER?		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER:	e 5 🗆 Residence	6 Other (Specify)				
	Pending	28a. DATE OF (Month, D	INJURY ey, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOV	/ INJURY O	CCURED		
2 Accident 3 Suicide 4 Nomicide	Could not be determined	28a. PLACE O building,	F INJURY — At ho	ome, farm,	street, factory, offic		28f. LOCATION (Stree City or Town, Sta	et and Numb te)	er or Rurel F	loute Number,	
							to the cause(e) end notine, date end place,) end menner ee st	ated.
29b. SIGNATURE AND T						29c. LICENSE NU				(Month, Day, Year)	
30. NAME AND ADDRES								2		"	_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffal-firms be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF THE PARTY OF

BALTIMORE, MARYLAND 21215-0020

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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Should 5	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH		3. TIME OF DEATH	1
	ALMA ELIZABETH MA	GRUDER			45	09 13	YEAR 94	4:30	РМ
	220 52 0572			UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	IPLACE (State or Fore	eign
	9a. FACILITY NAME (If not institution, give stre	1 M 2 F 46	YRS.		R LOCATION OF DEAT	oril 18,19	948 Md	<u> </u>	
DIRECTOR	SACRED HEART HOSP			CUMBER		9c. COUNTY OF DEATH ALLEGANY			
REC	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY	
	Md Allegat	ny	Barto		ZIP CODE		40- 01717511 05:1	1 YES 2 N	10
FUNERAL	Box 28, Walnut	St.			21521		USA	WHAT COUNTRY?	
S S		12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPANIC relfy Cuban, Maxican, F	ORIGIN? (Specify Year	or No- 14. RAC	E — American Indian	n,
BY	1 Naver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	ourto ricuit, atc.)		hite	
	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION ompleted)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	ON et al warking	16b. KIND OF BUSI			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak	etired.)	at or working	1	·lome		
	17. FATHER'S NAME (First, Middle, Last)		Homeman		40 MOTHEDIC NAME	(First, Middle, Maiden S			
ŏ ш	Ilice Mackley				Grace	Whetzel	umame)		
∞	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street a	nd Number or Rural Rou		State, Zip Code)		
임	Mr. James C. Magri	uder	Box 28,	Walnu	t St., Bar	ton, Md. 2	1521		
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remov	ral from State 20b	PLACE AND DATE OF DETERMINE OF DETERMINE OF THE PLACE OF	place)			ATION — City or To		
}	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		lurer HIII		D ADDRESS OF FACIL	5-94 Mosc	OW MILLS	s,Ma,	
Í	Dans & Mik	1		Eichh	orn-McKenz	zie Funera	11 Home		
	23. PART I. Enter the diseeses of co	mplications that caused	the death. Do not	enter the mo	de of dying, such a	a cardiec or reapin	atory errest,	Approxima	
	shock, or haart fellure. Li IMMEDIATE CAUSE (Fine)	st only one cause on a	t A	0	11			Interval Bet Onset and	
	disease or condition resulting in death)	Herpi	ralon	X	ulyre	>		10h	2
_		DUE TO POTAS A	COMPEQUENCE OF	0				Inl	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO TOP AS A	CONSEQUENCE OF):		1 N.			100	5
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	Sea	rico	OZ,	MORR			100	V
	that initisted eventa resulting in death) LAST	that initisted eventa DUE TO (ORACE A CORSEQUENCE OF):							
CE	· goodinnoma (aun								
S	PART II. Other significant conditions contributing to death but not resulting in the underlying cause givenyin Part J. 24a. WAS AN AUTOPSY PRIGNED? ANALABLE PRIOR TO COMPLETION OF CAUSE								
MEDIC	Osto pho Opo	1. 100	dieno To	mi	ag ag i	1 □ YES 2	X NO	OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AOBPITAL:	10	HER:	ACE OF DEATH (Chark	any time)			
IXS	1 YES 2 NO	1 Inpatient 2 ☐ ER/Outp	atlent 3 DOA 4	Mursing Hom	e 5 🗆 Residence 6 🗆				
	1 Natural 5 ☐ Pending	(Month, Day, West)	28b. TIME O	y wo	PKT	6d. DESCRIBE HOW IN	JURY OCCURED		
D BY	3 Guicide & Could not be	25e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	et, factory, offic	21	Rf. LOCATION (Sheet ar City or Rwn. State)	nd Number or Rurel	Fisure Mumber	
	4 Homicide determined								
COMPLETED		IAN: To the best of my know							
- 11	296. SIGNAPORE AND TITLE OF GERTIPHER	On the basis of examination	n and/or investigation, i	in my opinion, d				-	ited.
BE	(118)	2			D C	268	▶ Q	4/010	
2	30. NAME AND ADDRESS OF PRISON ON				Dm .m 01	562		117	
	DR. SHIN KIM, M.D. 31. DATE FILEO (Month, Day, Year)			D TEKNY(JKI, MD 21	.304			
	SEP 1 9 1994	32. REGISTRAR'S SIGN	Desar						
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As the grant of

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTR
I	1. DECEDENT'S
	JOHN
	4. SOCIAL SECT
	215-1
l	9a. FACILITY NA
	MEMO
ı	RESIDENCE
1	10a. STATE
	MARYL
	40 OTOSTT AL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		ATE OF DEATH	REG. NO.	1	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH
	JOHN GEORGE MC	RRIS	SEPT 3	1994	8.45 A M
	and the state of t	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. Br	IRTHPLACE (State or Foreign ountry)
	215-18-7504 XXM 2 F 73 YAS.	ONTHS DAYS HOURS MIN.	AUG. 10,1	921	MARYLAND
- 1	9a. FACILITY NAME (If not institution, give street and number) 9	b. CITY, TOWN OR LOCATION OF DEA	тн	9c. COUNTY C	OF DEATH
DIRECTOR	MEMORIAL HOSPITAL RESIDENCE OF DECEDENT	EASTON		TA	LBOT
EC.		TOWN OR LOCATION			10d. INSIDE CITY
10	MARYLAND QUEEN ANNE'S CE	NTREVILLE			1 YES 2X NO
A	10e. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
FUNERAL	200 DENBEIGH FARM LANE	21617		U	SA
5	11. MARITAL STATUS 1 ☐ Never Married 2 X Married FORCES? 1 ☐ YES 2 X NO	13. WAS DECENDENT OF HISPANI		or No.— 14. B	RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced Never Married 2 Name FORCES? 1 YES 2 NO	If yes, specify Cuben, Maxican, 1 YES 2X NO Specify:	, Puarto Hican, atc.)		Specify: USA
- 1	15. DECEDENT'S EDUCATION 18a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUSI	NESS/INDUSTF	
	(Specify only highest grade completed) (Give kind of world life. Do NOT use in the D	k done during most of working etired.)	1		
COMPLETED	12 2 MANA	GER	STEEL	INDU	STRY
Ö	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAM	E (First, Middle, Maiden S		
BEC	GEORGE WASHINGTON MORRIS	BERT	THA JONES)	
6		ODRESS (Street and Number or Rural Ro			
		BOX 329, CEN			21617
	Mourial 2 Cremation 3 Removal from State	pisposition (Name of r piace) MEMORIAL PARK		ATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	ILITY		
		NEWNAM FUNER			
	23. PART I. Enter the diseasee, or complications that caused the death. Do not		SON ST.,	EAST	
	ehock, or heart failure. List only one cause on aech lina.	antar tha mode of dying, such	aa cerdiec or respire	story arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CORONARY AF	DEDN DIC	EACE	Onset and Deeth
	reaulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):	CORONARI AF	CIERI DIS	LASE	glen
_	SSE TO (ON NO A CONSEQUENCE OF).				<i>'</i>
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):				
S	cause. Entar UNDERLYING				
Ē	CAUSE (Disease or Injury that initiated avents				
E	resulting in death) LAST				
	PART II. Other significant conditions contributing to death but not resulting in	the underlying seuse given in D	art I. 24a, WAS AN A	итовои Т	
MEDICAL	TANK III. Other Significant Continues Continuenting to seath but not readiling in	the underlying cause given in P	PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă			1 - YES 2	X NO	COMPLETION OF CAUSE OF DEATH?
Σ			ايد		1 TYES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH.				
PHYSICIAN:	EXAMINER? HOSPITAL:	(Check only one)			
ΙΥS		☐ Nursing Home 5 ☐ Residence 6			
	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY	Y WORK?	28d. DEŞCRIBE HOW IN	JURY OCCURE	D
В	2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, stre	M 1 YES 2 NO	201 1 2017/01/20		
COMPLETED	3 Suicide 6 Could not be determined 288. PLACE OF INJURY — At home, farm, atre building, etc. (Specify)	et, lactory, ornica	28f. LOCATION (Street an City or Town, State)	d Number or Ru	iral Route Number,
۳	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the heat of my knowledge, death occurred a	A M- 41 4-1		12-53/17	
P P	(Check only one) 2 MEDICAL EXAMPLET: On the best of semination and/or investigation, it				se(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER				
8		29c. LICENSE NUME	7282		NED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	int)		9-	3-94
			TIMONI ME	21601	
	CLAUDE KOPROWSKI, M.D., MEMORIAL 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	HUSPITAL, EAS	TON, MD	21001	
1	SEP 6 1994 & 1 1 10 10				

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TO BE COMPLETED BY FUNERAL DIRECTOR

cian.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF MARY				F HEALTH AND	MENTA	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, M	fiddle, Last)				OATE C	DEATH	2. DAT	E OF DEATH		T	3. TIME OF DEATH
Eliza	beth	LOUVENI	Α		Myers		MON		199	YEAR 94	2:45 a M
4. SOCIAL SECURITY NUMBER		. SEX 6. AGE	(In yrs. last	birthday)	IF UNDER 1 YE		7. DATI	E OF BIRTH oth, Day, Year)			PLACE (State or Foreign
216-40-45	66 1	□ M 2 🔀 F	58	YRS.	MONTHS DA	S HOURS MIN.	10	0/12/3	6	Country	MD
9a. FACILITY NAME (If not instit		r			9b. CITY, TO	VN OR LOCATION OF C	EATH		9c. COUNT	TY OF DE	НТА
)i		AL HOSPI	TAL		EAS	TON			TP	ALBO	TC
RESIDENCE OF DECE	Ob. COUNTY			10c CITY	Y. TOWN OR LO	CATION					10d. INSIDE CITY
MD	TAL	ВОТ			APPE	CATION					LIMITS?
10e. STREET AND NUMBER						101, ZIP CODE		1	10q. CITIZ	EN OF W	HAT COUNTRY?
29365 TAR	BUTTO	N MILL RI				21673				US	
11. MARITAL STATUS	12	. WAS DECEDENT EVER	IN U.S. ARM	MED		DECENDENT OF HISPA			or No—	14. RACE	- American Indian,
1 Never Married 2 M		FORCES? 1 YES		0		, specity Cuban, Mexic YES 2 NO Speci		Rican, atc.)	- 1	Black. Specifi	White, etc.
3 Widowed 4 Divorce											BLACK
15. DECED (Specify only h	ENT'S EDUCAT	ION npleted)	(Giv	e kind of w	USUAL OCCUP	ATION most of working	16	b. KIND OF BUSI	INESS/INDU	ISTRY	
Elamentary/Secondary (0-12	2) (College (1-4 or 5+)	100	DO NOT US				DOMES	m T C		
17. FATHER'S NAME (First, Midd	fle Leet)			JABO	KEK	40 40		201120			
AVON CAM							AME (First, ADYS	Middle, Maiden S	Sumame) UTTO	N	
AVON CAM.			104	MARINA	ADDRESS (A.	pet end Number or Rural			0 1 - 0		
JUDINA PAI			196.	250		WOOD AVE					01
20e. METHOD OF DISPOSITION 1 Burlet 20 Cremation	3 Removal		b. PLACE Al		OF DISPOSITION		DA		ATION — C		vn, Stata
4 Donation 5 Other (S			CAPI	TOL	CREM	ATORY	9/5	VOD	ER,I	DE.	
21. SIGNATURE OF TUNERAL	SERVICE LICENS	SEE /	7			E AND ADDRESS OF FA		SERVIO	CE.		
Masas	nel	A. ta				E. DOVE				, MD	.21601
23. PART i. Enter the disc	ases, Dr com	plicationa thet cause t Dnly ona cause on	d the dea	th. Do n	ot enter tha	mode of dying, suc	ch as ca	rdiec or raapir	atory arra	st,	Approximete
IMMEDIATE CAUSE (Finel		Comy bila cadae bil	oacii iiila.								Interval Between Onset and Deeth
disease or condition resulting in deeth)	0.	MULTIPLE MI	HOUSE	A							2 YEARS
		DUE TO (OR AS			7):						
Sequantially ilst condition	b		<u> </u>								
if any, leading to immedia	ate	DUE TO (OR AS	A CONSEC	UENCE OF	7:						
ceuse. Enter UNDERLYING CAUSE (Disease or injury		DUE TO (OR AS	A CONCEO	UENOE OF							
thet initiated avanta reaulting in deeth) LAST		DOE TO (OR AS	A CONSEC	DENCE OF	.);						
	d										
PART II. Other significent	conditions c	ontributing to deeth	but not re	eulting i	n the underi	ying cause given in	Part I.	24a, WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 YES 2			COMPLETION OF CAUSE OF DEATH?
										-	1 YES 2 NO
DID TOBACCO USI	E CONTRIB	UTE TO CAUSE O	OF DEAT	H YE	S NO	UNCERTAL	N 🗆				
25. WAS CASE REFERRED TO I EXAMINER?		OSPITAL:	28. PLACE	OF DEAT	H (Check only	nne)					
1 TYES 2 NO		Inpatient 2 ER/Out	patient 3	□ DOA	OTHER:	Home 5 - Rasidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, Year)		28b. TIMI	E OF 28c.	INJURY AT WORK?	26d. DE	SCRIBE HOW IN	JURY OCCL	JRED	
1 Natural 5 Pe	nding restigation				M 1	YES 2 NO					
	uid not be	28e, PLACE OF INJUR building, etc. (Spe	Y — At hom	ne, farm, a	treet, lectory,	office	28t, LO	CATION (Street or y or Town, State)	nd Number o	v Rural A	oute Number,
4 Homicide del	termined										
	YING PHYSICIA	N: To the beat of my know	wiedge, dea	th occurre	d at the time,	data end place, and du	a to the co	euse(e) end manr	ner aa stated	d.	
one) 2 MEDICA	L EXAMINER: C	On the basis of examination	on end/or in	vestigation	n, In my opinio	n, death occured at the	e time, dat	te and plece, end	due to the	ceuse(e)	end menner ee stated.
296. SIGNATURE AND TITLE OF	F CERTIFIER					29c. LICENSE NU	MBER		29d, DATE	SIGNED	(Month, Day, Year)
4000						D 4300	١		145	Sep 71	4
30. NAME AND ADDRESS OF P											
WILLIAM J.	CURR			OLEW	ILD A	VE. EAS'	TON,	MD.21	601		
SEP 7	1994	32. REGISTRAR'S SIGN		ndesse				· · · · · ·			

urs after death. Page 6 may be retained by the hospital or attending phy TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crema IMPORTANT: If Item 28 is marked, or Item 23

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me to		shows any injury or other traumatic event, the medical examiner must be notified at once
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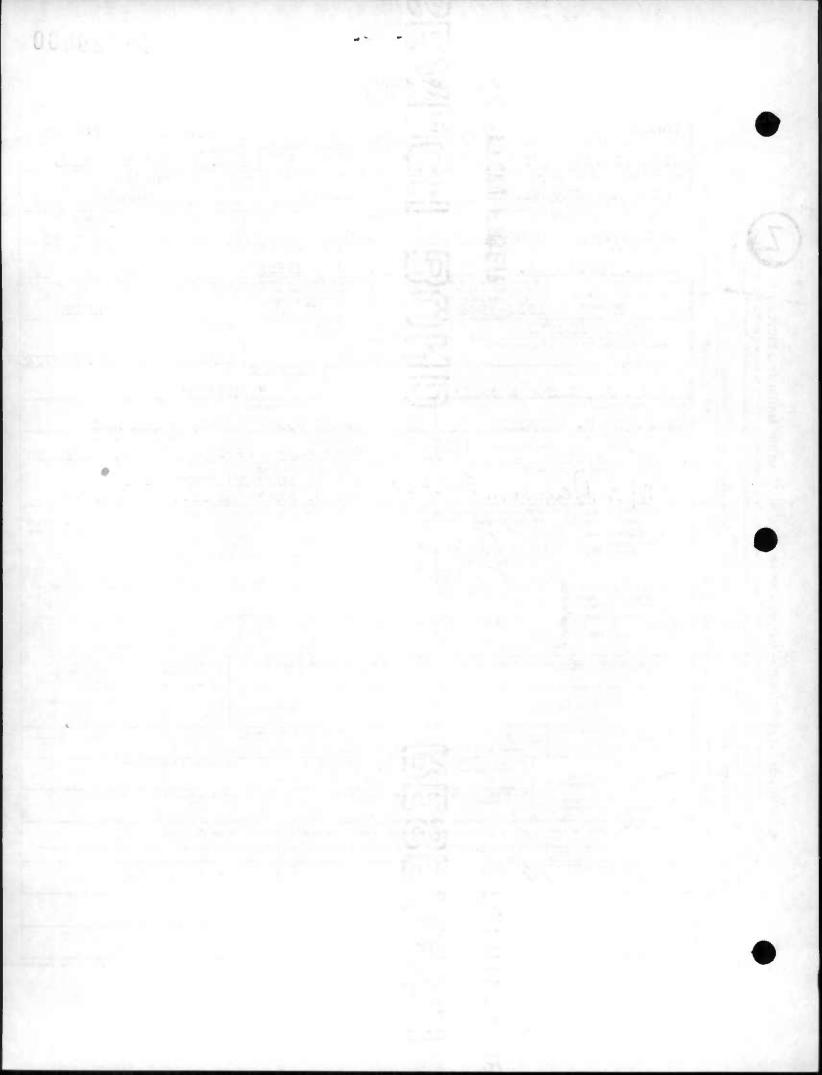
BALTIMORE, MARYLAND 21215-0020

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE O	F DEATH	REG.		3. TIME O	E DEATH
ROBERT EDWAR	MONTH DAY YEA		EAR	0 pm w				
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH 8. BII		BIRTHPLACE (Sta	
522-03-7160	1 🛣 M 2 🗆 F	77 YRS.	MONTHS DAY	78 HOURS MIN.	FEB . 24	1,1917	COLORA	DO
	TY NAME (If not institution, give street and number) LLIAM HILL HEALTH			VN OR LOCATION OF DE	EATH		TY OF DEATH ALBOT	
10e. STATE 10b. COUNT MARYLAND	TALBOT	10c. CIT	Y, TOWN OR LO				10d. INSID	\$?
100. STREET AND NUMBER 112 N. HANSON		[25]		101. ZIP CODE 21601		10g. CITIZEI	N OF WHAT COUN	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 TO IF YES, GIVE WAR 1938–194	YES 2 NO	II yes	DECENDENT OF HISPAR I, specify Cuban, Mexica YES 2 X NO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, etc.	Yea or No— 14	Black, White, etc Specify: WHI	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT u	work done during	ATION most of working		BUSINESS/INDUS	CONST	RUCT1
17. FATNER'S NAME (First, Middle, Last) NICHOLAS HURS 190. INFORMANT'S NAME (Type/Print)	SON MORRE		ADDRESS (Stre		ME (First, Middle, Mail UNKNOWN Boute Number City or	1 m	orfe)	
19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, or Rural Route								
1 Donation 5 Other (Specify)		20b. PLACE AND DATE cometery, cremetory or c	of disposition other place! RY CRE	Neme of CMATORY	9-3 SI	LOCATION - City		YLANI
1 Donation 5 Other (Specify)	CENSEE MOUNT Complications that complications	20b. PLACE AND DATE camelors of the SALISBU	of Disposition of the place of	MATORY EMATORS E AND ADDRESS OF FA NAM FUNE S - HARE	9-3 SA CILITY ERAL HON RISON ST	LISBUR ME, P.A T., EAS	y or Town, State RY, MAR A. STON, M t, Applintar	ID roximata val Betwee
1 Burlal 2 **Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIP 23. PART I. Entar the diseases, Dr shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CENSEE CDMplicatione that c. Liet only one cause a. DUE TO (OF	20b. PLACE AND DATE complete C	or DISPOSITION wither olecel RY CRE 22. NAME 200 nDt enter the	MATORY EMATORS E AND ADDRESS OF FA NAM FUNE S - HARE	9-3 SA CILITY ERAL HON RISON ST	LISBUR ME, P.A T., EAS	y or Town, State RY, MAR A. STON, M t, Applintar	ID roximata val Between
1 Burlel 2 (**Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIP Lip	complications that collection one cause a. Due to (or due to to to to to to to to to to to to to	20b. PLACE AND DATE CEMPLEY. C	or Disposition with the color of the color o	EMATORY E AND ADDRESS OF FAVINAM FUNE OS. HARE mode of dying, suc	Part I. 24a. WAS	LISBUR ME, P.A T., EAS	y or Town, State RY, MAR STON, M t, Applintar Onse 24b. WERE AUT AMAILABLE	D roximata val Between et and Deati persy Findings prior To in of Cause
1 Burlel 2 (**Cremation 3 Rem 4 Donation 5 Other (**Specify) 21. SIONATURE OF FUNERAL SERVICE LINE Decirity	CENSEE TOWN 2 COMPILICATION that Co. Liet only one cause a. DUE TO (OF DUE TO (OF DUE TO (OF d. HOSPITAL:	20b. PLACE AND DATE Cample of the Cample of Cample of the	OF DISPOSITION Where placed PY CRE 22. NAM NEW 200 not enter the Fr: In the underly OTHER:	EMATORY E AND ADDRESS OF FAVINAM FUNE D S. HARE mode of dying, suc	Part I. 24a. WAS PER 1 U YE eck only one)	ALISBUR ALISBUR ALISBUR ALISBUR ALISBUR ALISBUR ALISBUR AN AUTOPSY FORMED?	y or Town, State RY, MAR A. STON, M t, Application Ons. 24b. WERE AUTT ANAILABLE COMPLETIC OF DEATN?	D roximata val Between et and Deati persy Findings prior To in of Cause
1 Burlal 2 (**Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LINE Dec.	CENSEE CDMplicatione that collection one cause a. DUE TO (OF DUE	20b. PLACE AND DATE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE CO	OF DISPOSITION Where placed RY CRE 2 CRE NEW 2 00 not enter the Fig. The underly	EMATORY E AND ADDRESS OF FAVINAM FUNE D S. HARF mode of dying, suc ying cause given in B. PLACE OF DEATH (Ch. Nome 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS PER 1 U YE eck only one)	ALISBUR ALISBUR ALISBUR ALISBUR ALISBUR ALISBUR AN AUTOPSY FORMED? S 2 NO	y or Town, State RY, MAR A. STON, M t, Applintarions Onse 24b. Were Autt ANAILABLE COMPLETIK OF DEATHY 1 YES	D roximata val Between et and Death person To person To person To person To person To person To person To person To person To person To person To person To

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Easton, MD

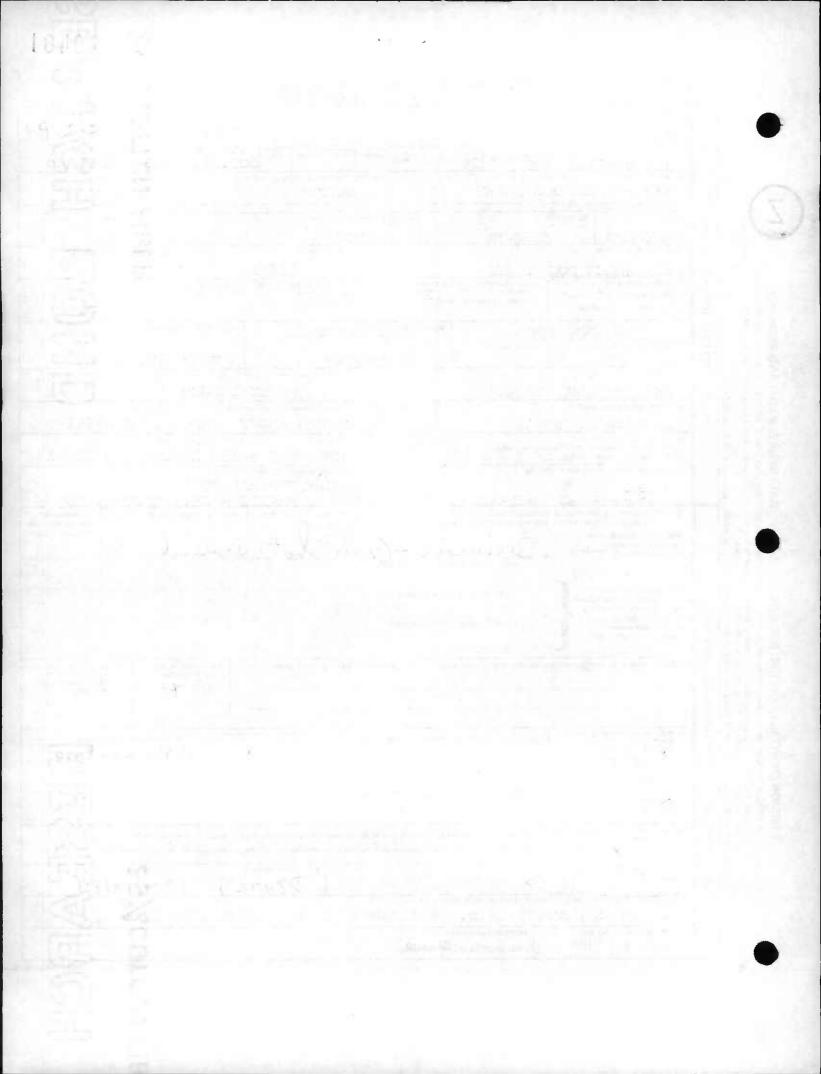
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TO BE COMPLETED BY FUN	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-tra wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be retained by the hospital or attending physician

	1 - STATE REGISTRAR		ICATE OF		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATN		3. TIME OF DEATN	
	KURT JAMES MORGAN					0 1994		
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTNPLACE (State or Foreign	
	214-68-5151 X M 2 D F 3	O YRS.	MONTHS DAYS	HOURS MIN.	OCT. 26,	1963	MARYLAND	
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DE					
OR	WOODS-BLACK DOG ALLEY		EAS!	ON		TA	LBOT	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. MISTO							
2			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	MARYLAND TALBOT 10e. STREET AND NUMBER	I	EASTON				1 TES 2 X NO	
A I			19	f. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT F			2160		USA		
	1 Never Married 2 Married FORCES? 1	YES 2 YNO	If yes, s	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No 14. R	ACE — American Indian, lack, White, atc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES	1 🗆 YE	NO Specify	y:	S	WHITE	
8	15. DECEDENT'S EDUCATION	18a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INDUSTR	γ	
H	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m se retired.)	ost of working				
릴	12	CUS	STODIAN		FIRE	DEPAR	TMENT	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)		
BE (KENNETH ALGA MORGAN			BETT	Y YEAGER			
TO E	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tox			
-	KENNETH A. MORGAN	8820	BLACK	DOG ALL	EY, EAST	ON, ME	21601	
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DATE	OF DISPOSITION (A			CATION — City o		
	4 Donation 5 Other (Specify)	SPRING I				STON,	MD 21601	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ND ADDRESS OF FA	CILITY RAL HOME			
	TOUR Z. MERCE	300			ISON ST.		ON. MD	
	23. PART I. Enter the diseases, or complications that co	used the death. Do	not enter the m	ode of dying, suc	h aa cerdlec or resp	iratory arrest,	Approximate	
	shock, or heart failure. List only one ceuse IMMEDIATE CAUSE (Final	on eech line.		0		^	Interval Between Onset and Death	
	disease or condition resulting in death)	id 0-	Gum	SLIT	Way	2		
	DUE TO (OF	AS A CONSEQUENCE O	नाः	7.40				
Z	C b.							
TIC	if eny, leeding to immediate	AS A CONSEQUENCE O	F):					
CERTIFICATION	CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	AS A CONSEQUENCE O	F):					
5	d		-					
	PART II. Other significant conditions contributing to de	eth but not resulting	In the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS	
DICAL						PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAL		
E I						10	OF DEATH?	
-							and the bank to	
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. F	LACE OF DEATH (Ch	eck only one)			
Sic	A HOSFITAL:	NOutpatient 3 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 M Other (Specify)	mada u	102 0	
PHYSICIAN: ME	27. MANNER OF DEATH 26e. DATE OF IN. (Month, Day,		E OF 28c. IN	JURY AT	28d. DESCRIBE NOW			
ВУ	1 Netural 5 Pending	iom)		YES 2 NO				
	2 Accident investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28. LDCATION (Street and Number or Rural Route Number or Route Number or Rural Route Number or Rural Route Number or Route Number or Rural Route Number or Route Number or Rural Route Number or Route Number or Rural Route Number or R							
II.	4 Homicide determined	(City of Town, Otato	,		
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurr	red at the time, dat	and place, and due	to the cause(a) and ma	nner as stated.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of axam						se(e) and manner as stated.	
	29b. SIGNATURE AND TITLE OF SEMINER			29c. LICENSE NUI			NED (Month, Day, Year)	
BE	- DD			77.5	208	Dal.	3/64	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type	, Print)	167	/13/	4	311/	
	L. THOMAS DIVILIO, M.D.	., 404 M	ARVEL (COURT, I	EASTON, N	MD 216	01	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	-					
	SEP 14 1994 gina Davids	on-Randall						
		E						

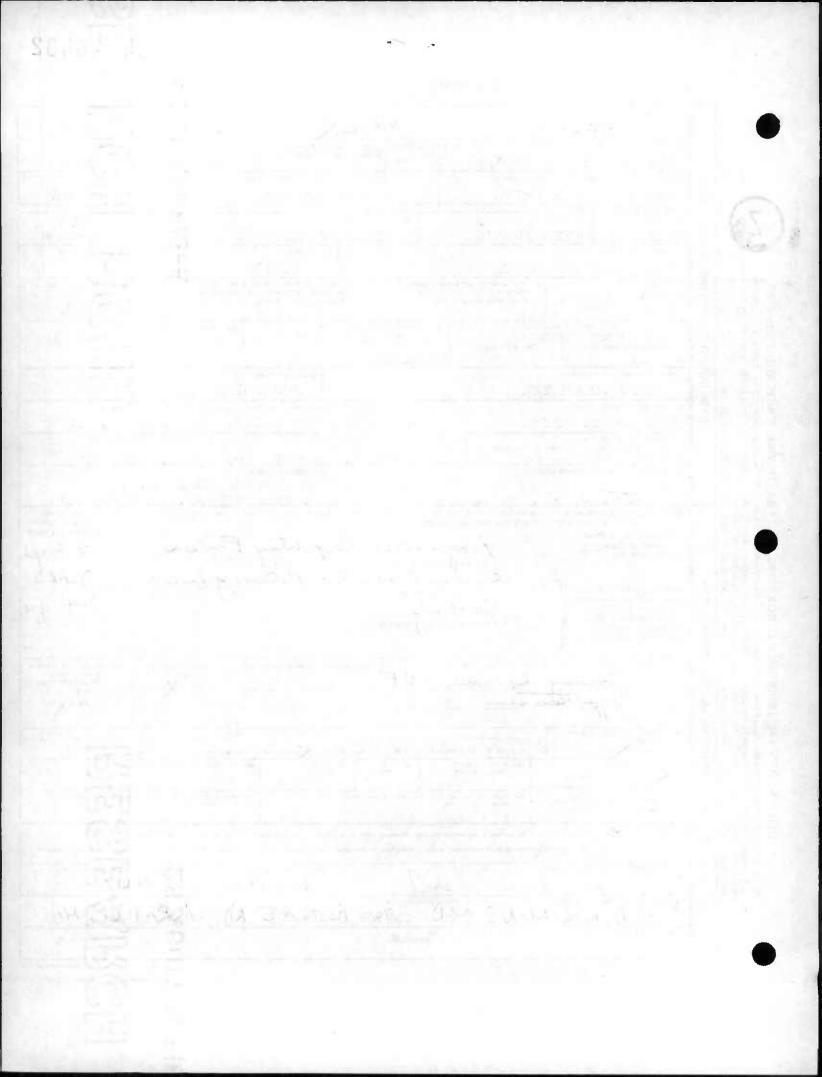


1 - STATE REGISTRAR		CERTIF	ICATE OF		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)	N J.	N	TAYER)	2. DATE OF DEATH MONTH AUG. 30	" 199 ⁴	3. TIME OF DEATH 7:45 PM		
4. SOCIAL SECURITY NUMBER 084-03-0736		E (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT - 30,	Las	BIRTHPLACE (State or Foreign Country) IEW YORK		
98. FACILITY NAME (If not institution, give s 405 QUAIL RUN RESIDENCE OF DECEDENT 106. STATE 106. COUNT MARYLAND QUEEN			OR LOCATION OF D						
106. STATE 106. COUNTY MARYLAND QUEEN ANNE'S			TY, TOWN OR LOCA	CATION 10d, INSIDE CITY LIMITS?					
	N ANNE 5		CENTRE			I	1 XYES 2 NO		
10e. STREET AND NUMBER 405 QUAIL RUN 11. MARITAL STATUS 1 Never Married 2 Merried	DRIVE		10	2161	7	10g. CITIZEN	OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2X NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:		RACE — American Indian, Black, Whita, etc. Specify: WHITE		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		16e, DECEDENT'S (Give kind of life, Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ast of working	16b. KIND OF BU				
17. FATHER'S NAME (First, Middle, Last) ERNST VOLLME)	YER	SW			ME (First, Middle, Melden PHINE WIT				
190. INFORMANT'S NAME (Type/Print) RICHARD F. MA)	YER	19b. MAILING			Route Number, City or Tow				
20a, METNOD OF DISPOSITION 1 Buriel 2X Cremation 3 Rem		Db. PLACE AND DATE	OF DISPOSITION (Nother place)	eme of	OATE 20c, LO	CATION — City	or Town, State		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		SALISBU	22. NAME A	ND ADDRESS OF FA		LISBUR E. P.A			
JOHN R	, MERCE	ERON			RISON ST.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):	e Pale	Forles	roors	2 look 72AR5 > 40gr		
	resulting in death) LAST								
Corany de certa CHP PERFORMED? AMAI CON 1 YES 2 NO OF E						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATN (C)	neck only one)				
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Ou	rtpatient 3 DOA	OTHER:	ne 5 Residence	6 Other (Specify)		V		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	RE OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
2 Accident Investigation 3 Suicide 6 Could not be determined determined determined control of the determined d						Rural Route Number,			
	ICIAN: To the best of my kno						use(a) and manner ee stated.		
29b, SIGNATURE AND TITLE OF CENTRES		R.1		29c. LICENSE NU			GNED (Month, Day, Year)		
30/NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	A 11	Print) AS	STEATE	- PA A	1414	MY XIN		
31. DATE FILED (Month, Day, Year)	32" REGISTRAN'S SIC	MATHEM		שומשוכ	NO) M	urb.	مدر, احمل		

ours after death, Page 6 may be retained by the hospital or attending physician, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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notified at

PHYSICIAN:

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25. WAS CASE REFERRED TO MEDICAL

Pending Investigation

S Could not be

EXAMINER?

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

29a. CERTIFIER

MCT

1 TYES 2 NO

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Malick 1994 Hazel Sept. 7 1 . 10:35A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR S. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) 04/27/15 1 M 2 KF 79 VDS 214-07-7624 Maryland 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital at Easton Talbot DIRECTOR Easton RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Federalsburg Caroline Maryland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 19g, CITIZEN OF WHAT COUNTRY? 3835 Seipps Road 21632 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 3 NO Specify: White B 3 X Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 0 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Dry Goods/Grocery Bookkeeper/Clerk 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Lane Hughes Naomi Lewis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Michael Malick 3835 Seipps Road, Federalsburg, MD 21632 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 X Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) _ Memorial Pk9-11 Cambridge. Dorchester Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Framptom-Hawkins-Eskow Funeral Home Esken Michael PO Box 43, Federalsburg. MD 21632 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on sech line. Interval Between Onset end Death IMMEDIATE CAUSE (Final disease or condition ale resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

1 - Inpetient 2 ER/Outpetient 3 - DOA

AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 TYES 2 T NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month. Day, Year,

28d. DESCRIBE HOW INJURY OCCURED

26. PLACE OF DEATH (Check only one)

OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)

29c. LICENSE NUMBER

041723

28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

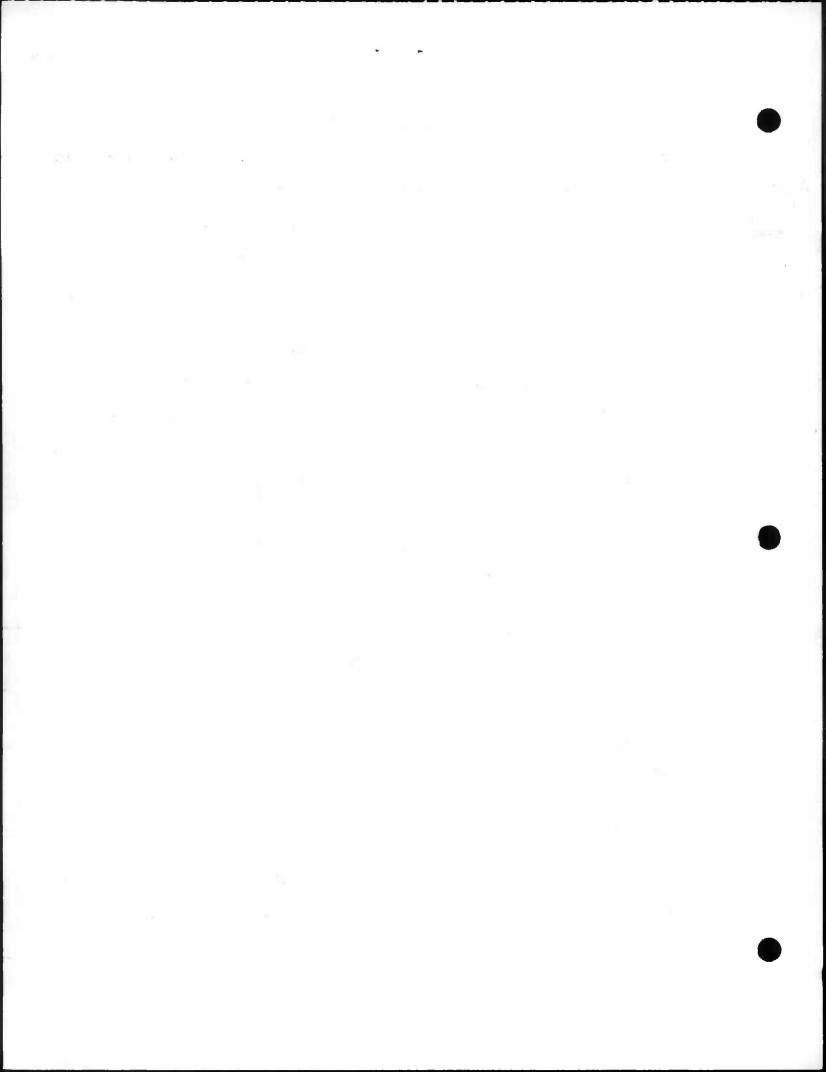
HOSPITAL:

403 Marble Court, Easton, MD 21601

Rajasingh 39. REGISTRAR'S SIGNATURE 31. DATE FILED (Monti 1994 SEP ndelle dia Davidson

DHMH-16 Rev 1/89

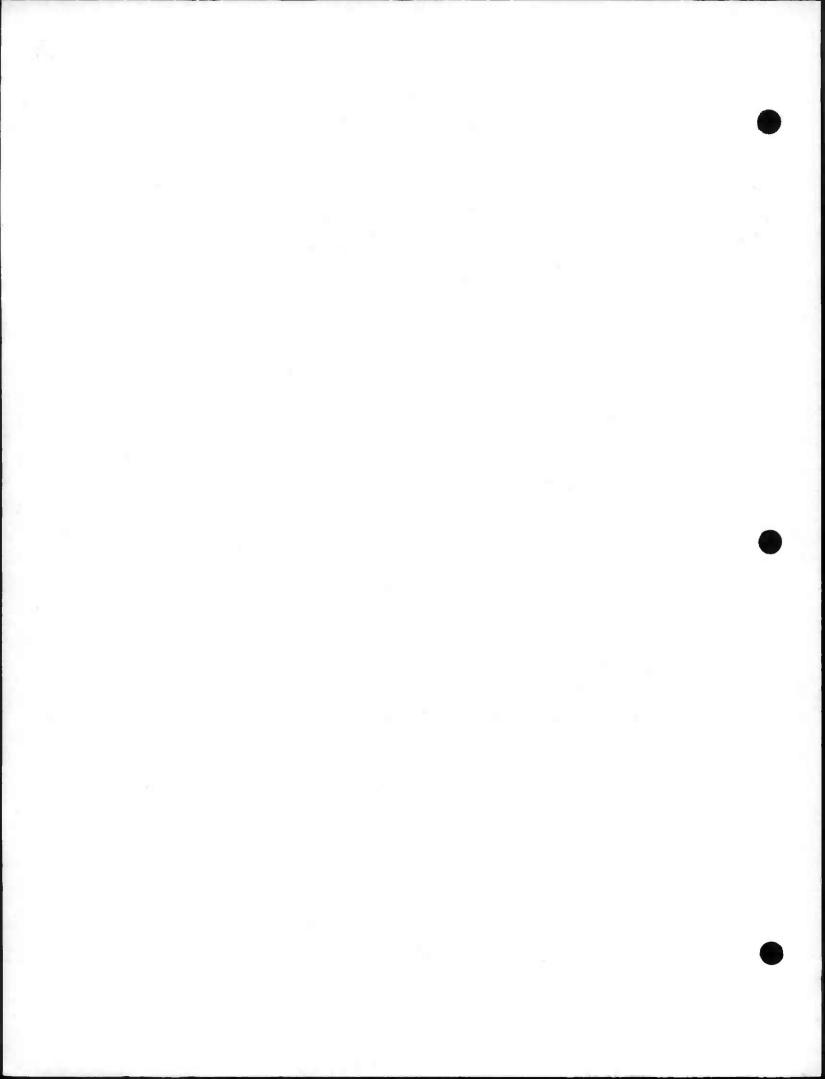
1 YES 2 NO



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within enter death, Page 6 may be retained by the hospital or attending physicial	hours after death, Page 6 may be retained by the hospital or attending physicial
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-troor removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.	•			
		iolet 1	v. MAC	TBIE		2. DATE OF DEATH DA	y GEAR	3. TIME OF DEATH		
		M 2 🗓 F	yrs. lest birthdey) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/13/192	20 Ir	MHPLACE (State or Foreign intry) diana		
TOR	9a. FACILITY NAME (If not institution, give street and Meridian Nursing Cer RESIDENCE OF DECEDENT	,		Annapoli	S .S	ATH	Anne A	Arundel		
DIRECTOR	10e. STATE 10b. COUNTY MD Anne Aru	undel		ersville				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	T WHAT COUNTRY?		
FUNERAL	8222 North Bernard I	Drive	IS ARMED		108	C ORIGIN? (Specify Yes	USA	ICE American Indian,		
В	1 Never Merried 2 Married FC	ORCES? 1 TYES FYES, GIVE WAR OR DATE	2 XNO		cify Cuban, Maxican	, Puarto Rican, stc.)	ectly: white			
ETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the complete state of	eted)		USUAL OCCUPATIO vork done during mos e retired.)		16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED	12	ege (1-4 or 5+)	Telepho	ne Opera			Industry			
00 =	17. FATHER'S NAME (First, Middle, Last) William Henry McKinr	nev			16. MOTHER'S NAM Stella	NE (First, Middle, Maiden : Dvke	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural R	oute Number, City or Town				
	Terry Maltbie 20a. METHOD OF DISPOSITION	205 6		ilson Ro		ingtown MI	20639	Town Class		
	1 Donation 5 Other (Specify)	om State cemen	ery, cremetory or of tropoli	tan Crem	atory	9/14 Ale	-			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Melanie Wil		Jarsnor	Adver		al Service	es, Inc.			
	23. PART I. Enter the diseases, or compile shock, or heart feliure. Liet of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lugare cl	th line.	ot enter the mod	le of dying, such	es cerdiec or reepli	ratory errest,	Approximete interval Between Onset end Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. C. C. L. L. L. L. L. L. L. L. L. L. L. L. L.									
PHYSICIAN: MEDICAL C	PART IX Other significent conditions cont	ft sided	sho	(0)		Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
IAN	DID TOBACCO USE COI 25. WAS CASE REFERRED TO MEDICAL		CAUSE O		CES NO					
IYSIC	1 VES 2 NO 1 I	SPITAL: Inpetient 2 - ER/Outpet			5 - Residence					
ВУ РН	Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 Y	IRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW IN	IJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, lerm, street, factory, office building, stc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: TO 10 MEDICAL EXAMINER: On 11							e(a) and manner as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT	H (ITEM 27) (Type	Print)	29c. LICENSE NUM	BER	29d. DATE SIGNE	ED (Month, Day, Year)		
	PETER F. VERKOUW	MO 18:	33 nre	1 6	Fruck	13 MD	2140			
	SEP 1 5 1994	Julia Davile	upr Randall		. ,					



1 -	STATE REGISTRAR

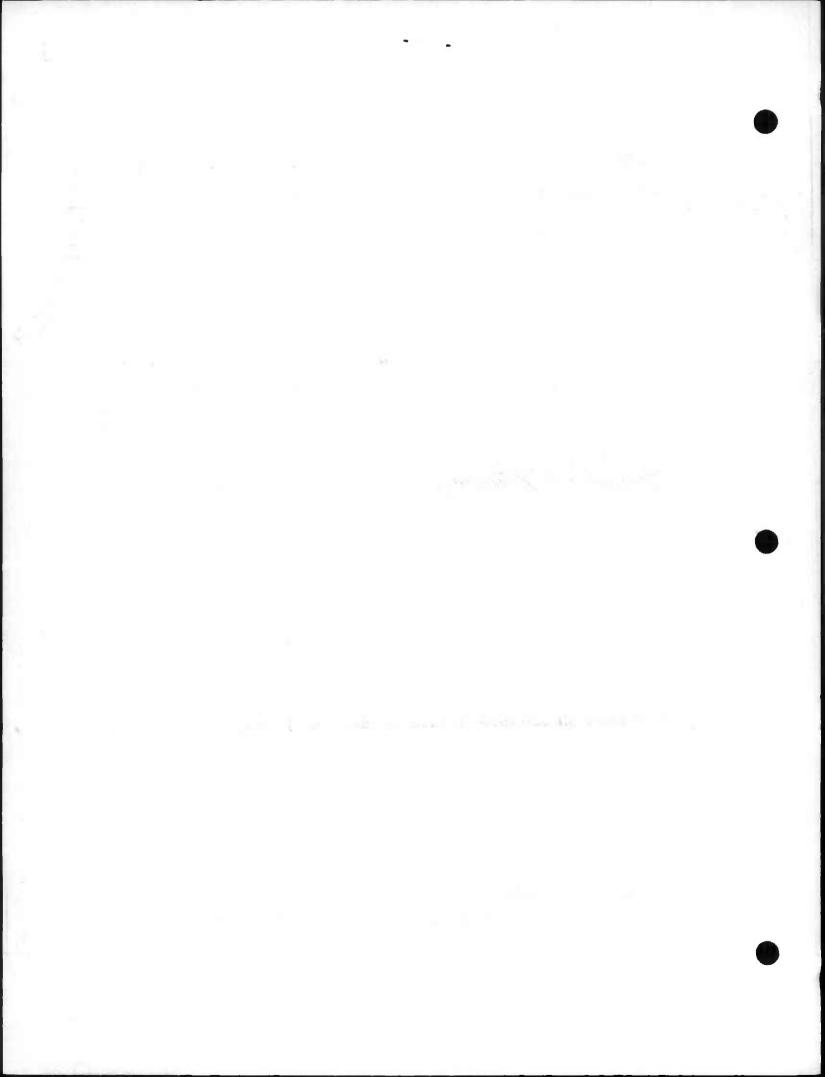
	1 - STATE REGISTRAR	SIRIE UP MIANT		ICATE OF		MENIAL HYGIEN REG. NO					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
2	CAROLYN HANSO	ON MID	DLETON			Sept. 10	, 199 ⁸	12:10 P M			
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 1	BIRTHPLACE (State or Foreign			
11	219-56-0946	I □ M 2 🔏 F	75 YRS.	MONTHS DAYS	HOURS MIN.	June 6.	1919 i	Maryland			
	9a. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	4			
FUNERAL DIRECTOR	4370 Renner Rd.			Wald	lorf		Charles				
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY			
DIR	Maryland Cha	rles		Waldor	· f			1 YES 2 X NO			
7	10e. STREET AND NUMBER	1100			of, ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?			
ER/	4370 Renner Rd.				20602		11	S.A.			
S		IN U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Yes						
ВУ	1 Never Merried 2 Married 3 X Widowed 4 Divorced	S 2 XNO OATES	If yes, s	s 2 NO Specific	an, Puerto Rican, etc.)	es or No— 14. RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col		16a. DECEDENT'S	USUAL OCCUPAT	TON	16b. KINO OF BU	SINESS/INDUST				
E		College (1-4 or 5+)	life. Do NOT u	work done during n se retired.)	nost of working			776			
4	9		House	vife		Do	mestic				
Ö	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	101—10			
BE C	John H. Clagget	t			Carol	ine H.	Bryan	n			
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	end Number or Rural	Route Number, City or Tow	n, State, Zip Coo	ie)			
5	Mary C. Pruitt		4385	Renne	r Rd. W	Waldorf,	Md. 20	0603			
	20a. METHOD OF DISPOSITION	26	0b. PLACE AND DATE	OF DISPOSITION //	Name of	DATE 20c. LO					
	1 Burial 2 Cremation 3 Ramova	il from State	betery, crematory or control	s Cen	neterv	9/14	Waldoi	cf, Maryland			
	21. SIGNATURE OF PARELL SCHOOL USENIES 22. NAME AND ADDRESS OF FACILITY										
	Dys 11	11 custo	VADOCEO	The	Huntt F	uneral H	ome,	Inc.			
_	Benjamin M.					6 Waldor					
N	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory erreat, shock, or heert failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finei disease or condition reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Onset and Death										
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO										
Σ								1 YES 2 NO			
A	DID_TOBACCO_USE_CC	ONTRIBUTE TO	CAUSE OF								
ᅙ	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C/						
₹	1 YES 2 NO 1	Inpetient 2 ER/Ou			me 5 🖪 Residence			 			
	1 Natural 5 Pending	(Month, Day, Year)		JURY W	JURY AT	28d. DEŞCRIBE HOW I	NJURY OCCURI	ED			
B	2 Accident investigation	28e. PLACE OF INJUR	DV 41		YES 2 NO						
E	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	pecify)	atreet, tactory, off	ica	281. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,			
COMPLETED	29e. CERTIFIER (Check only nne) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER:							use(s) and manner ee stated.			
ш	296. SIGNATURE AND TITLE OF CENTUREN	~	n		29c, LICENSE NU	MBER	29d. OATE SI	GNED (Month, Day, Year)			
0	T) 8821	all N	D		50:	2975	19-	10 94			
٤	30. NAME AND ADORESS OF PERSON WHO	OMPLETED CAUSE OF C	DEATH (ITEM 27) (Type	, Print)			1	, - / /			
	Dr.Daniel Howel		orooke S		ite 104	Waldorf	. Mary	yland 20603			
	31. DATE FILED (Month, Day, Year)						,	2			
	SEP 1 5 1994	32. REGISTRAR'S SIG	chor Rardall	}							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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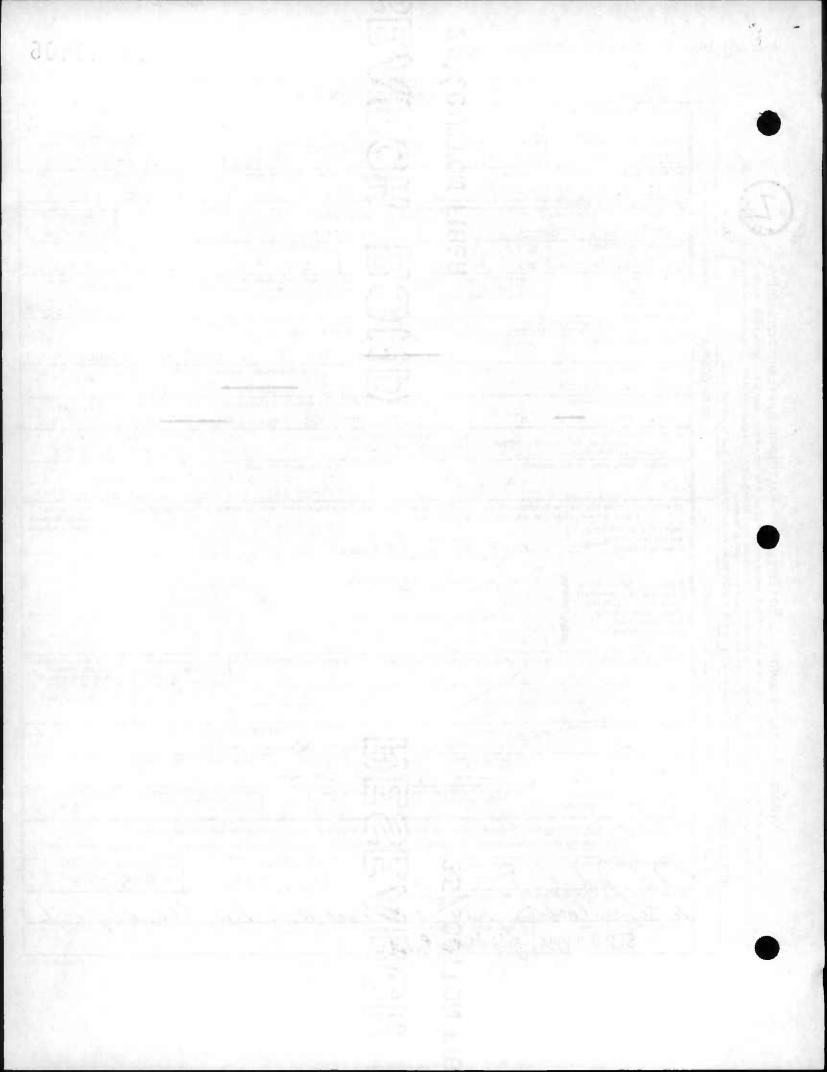
3X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, L HO1	ast) race Lee Mill	er			2. DATE MONTH	OF DEATH	1994	3. TIME OF DE	ATH P
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE			OF BIRTH Day, Ybar)	8. E	SIRTHPLACE (State or Country)	Foreign
213-10-8932		91 YRS.	2.21		Marc			aryland	
De. FACILITY NAME (If not institution, g		2 7 6		WN OR LOCATION OF D			9c. COUNTY	OF DEATH	
3721 St. John's			E11:	icott City			Howan	rd	
10e. STATE 10b. CO		10c. CITY	, TOWN OR L	OCATION				10d. INSIDE C	TY
Maryland H	loward	E	llico	tt City				1 YES 2	XNO
IOe. STREET AND NUMBER				101. ZIP CODE	-		10g. CITIZEN	OF WHAT COUNTRY	-
3721 St. John's	Lane		01 .	21042			Unit	ted State	S
II. MARITAL STATUS	12. WAS DECEDENT EVE			DECENDENT OF HISPAI			or No.— 14.	RACE — American Ir	
Never Married 2 Merried Widowed 4 Divorced	FORCES? 1 TY			s, specify Cuben, Mexics YES 2 KNO Specif		lican, etc.)		Black, White, etc. Specify: Wh	ite
15. DECEDENT'S (Specify only highest of		16a. DECEDENT'S		PATION g most of working	16b.	KIND OF BUS	INESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us	e retired.)		11				
	2	Supervi	SOF	Manager	T	ravele	ers Ins	surance C	0.
17. FATHER'S NAME (First, Middle, Lest)		27-1	18. MOTHER'S NA			U	nristina	110
John A. Miller			21.0	Chri	stine	- Von S	Stindt		
9a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				GIEHOS	le
Mrs. Vaunne Hal	± Hull	17217	North	1 49th Ave	nue 6	len De	le Ari	izona 853	08
0a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3	Removal from State	20b. PLACE ANO DATE O	F DISPOSITIO		OATE		CATION — City		
☐ Donation 5 ☐ Other (Specify)		Crest La				94 Mar	riotts	sville, M	D
H. SIONATURE OF FUNERAL SERVIC	E LICENSEE	40		e and address of fa		noma1	Homo 1	ma	
Harry	81 41/1	the s		12 01d Col					10/0
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	S A CONSEQUENCE OF	ser.						
that initiated events resulting in death) LAST	d.	S A CONSEQUENCE OF	7:						
PART II. Other algnificant cond	Itions contributing to deet	but not resulting l	n the under	lying cause given in	Part I.	24a. WAS AN		246. WERE AUTOPS	
						PERFOR	1	COMPLETION D	
						(OF DEATH?	NO
5. WAS CASE REFERRED TO MEDICA			2	6. PLACE OF DEATH (Ch	neck only one	9)			
1 YES ZONO	HOSPITAL: 1 Inputient 2 ER/O	outpetient 3 🗆 DOA	OTHER: 4 Nursing	Home 5 Residence	6 🗆 Other	(Specify)			
7. MANNER OF DEATH 1 Netural 5 Pending Investigat	28e. DATE OF INJUF (Month, Day, Yea	Y 28b. TIME	URY	INJURY AT WORK?			JURY OCCURE	ED	
2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determine	26a. PLACE OF INJU	JRY — At home, farm, s specify)	treet, factory,	office	28t. LOCA	ATION (Street a or Town, State)	nd Number or R	tural Route Number,	
anal .	HYSICIAN: To the best of my kn MINER: On the best of examina				time, date		due to the ca	gned (Month, Day, Ye	
O. NAME AND ADDRESS OF PERSON	WHAMI MI	- 949.		x Noil	Pre	l. 8	Olive	Ild M	Q
SEP 0 9 1	32. RESISTRAR'S SI	Charles Carles	5			/		· ·	



1		-	FOR STATE REGISTRA
Г	1.	n	ECEDENT'S N

	1 - STATE REGISTRAR	SIMIL UF I	CE		ICATE				MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										. TIME OF DEATH			
	Lloyd	€.		matr			September 21, 1994			0825 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. les		t birthday) IF UNDER		YEAR	YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH		-1	8. BIRTHPLACE (State or Foreign	
	219-36-4000	1 M 2 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	Day, Year) L/ 4C		Country)	YLAND
	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, 1	TOWN OF	LOCATIO	N OF DE		, ,		NTY OF DEA	
E C	WASHINGTON COUNTY HOSPITAL					HAC	GERST	NWO				WASHI	NGTON
DIRECTOR	RESIDENCE OF DECEDENT				1							***************************************	
H	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCATIO	ON				10d. INSIDE CITY LIMITS?		
		WASHINGT	ON		B	BOONSBORO						YES 2 X NO	
Z	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT		AT COUNTRY?
FUNERAL	21135 RENO MONUMENT ROAD							21713			U.S.A.		
3	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN FORCES? 1 YES			MED O	13. W	AS DECE yes, spec	NDENT OF olfy Cuben,	HISPANI Mexicen	C ORIGIN? (Specify Yee an, atc.)	e or No— 14. RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		11	YES :	NO 🕅	Specify:				Specify:	WHITE
	15. DECEDENT'S EDU		16e. DE0	CEDENT'S	USUAL OCC	CUPATION	N.		16b. K	IND OF BUS	INESS/INI	DUSTRY	MULTE
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	ve kind of Do N O T u	work done du se retired.)	iring mosi	t of working						
4	10			SUP	ERINT	END	ENT			C	ONST	RUCTIO	ON
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAM	E (First, Mid	dle, Maiden	Sumame)		
BE (CHARLES ENOCH ME	TZ					CATH	ERI	NE VI	OLA S	PRIN	GER	
2	19e. INFORMANT'S NAME (Type/Print)				ADDRESS								
-	VIRGINIA METZ		2	1135	RENO	MON (NUMEN	T RO	OAD,	BOONS	BORO	, MD	21713
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACE A cemetery, crer	natory or o	ther niecel			- 4-	DATE			City or Town	
	4 Donetion 5 Other (Specify)	Auser	BOONS	SBOR	O CEMI					BOOM	NSBOI	RO, MA	ARYLAND
	A LOO G	1			1		ADDRESS			7606	Old	Natio	onal Pike
	au M-K	ear !	aul M. I	ean	BAS	ST F	'UNER	AL E	OME	Boons	sbor	o, MD	21713
	23. PART I. Entar the diseeses, pre- ehock, or heart fellure.	Emplications that	t caused the dea	ath. Do	not enter t	ha mod	e of dyln	g, euch	as cardle	C Dr reepli	ratory ar	rest,	Approximeta
	IMMEDIATE CAUSE (Final	,	100000000000000000000000000000000000000			_	,)						Interval Between Onset and Deeth
	disease or condition resulting in death) e. Adenocarcinoma of the Lung Due to (or as a consequence of):										5 months		
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING		(02.102.0	• ,.								
Ē	CAUSE (Diseese or Injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):								
F	resulting in deeth) LAST	d											
	PART II. Other eignificent condition	a contribution to	dilath his are a		l- 11								
ICAL	All and beginnessed condition	s contributing to				enying	ceuee gr	ven in F		4e. WAS AN	MED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO
ğ	Atherosclerotte	ML	ascular	0125	مرف				1	YES 2	NO		OMPLETION OF CAUSE IF DEATH?
MED		elitis a										1	☐ YES 2 ☐ NO
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTI	E TO CAU	SE O	F DEAT			NO					
PHYSICIAN:	EXAMINER?	HOSPITAL:		r.l.	OTHER:	:			ck only one)				
H	27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF		28b. TIN		ng Home 28c. INJU			Other (S	Specify)	I II IBY OC	CURED	
	1 Natural 5 Pending	(Month, D			JURY	WOR	K? 2		200.0200		100111 00	CONED	
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At hor	ne, ferm,	street, factor	ry, office		\rightarrow	281. LOCATI	ION (Street e	nd Numbe	r or Rural Rou	ite Number,
ΞI	4 Homicide determined	building,	etc. (Specify)						City or	Town, State)			
٦	290. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	th occurr	ed at the tim	ne date i	nd place	and due t	n the cause	(e) end men	per es ete	ted	
COMPLETED	one) 2 MEDICAL EXAMINE												ind menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					-	29c. LICEN						fonth, Day, Year)
BE	RZ	Kuglen	- mb				7	2.0	579		Þ 9	72/	//
임	30. NAME AND ADDRESS OF PERSON WH			1 27) (Type	, Print)			~	- , ,			1247	7
	A.L. Kveler	nd	747		orther	m.	Allo		Hapo.	st.	1	11	
	31. DATE FILED (Month, Day, Offer)		R'S SIGNATURE	10	- 140	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,	,	1 7 22	or own	, //	i Ci	
	SED 23 1994	James Danie	m-Randal	L									- 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

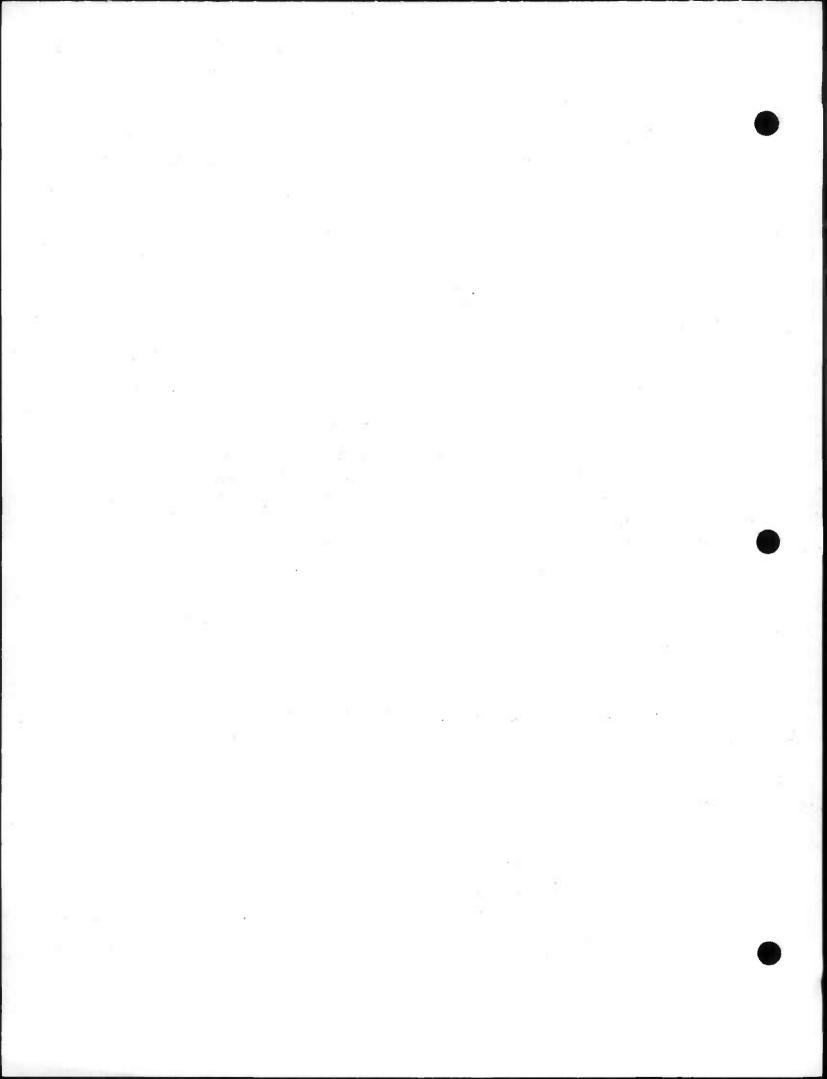
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transist be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) John Robert MELL	OTTO						2. DAT	E OF DEATH	IY_	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		-02 4 (l .	Se.		3,19	94	0840 A M
	217-32-1790	5. SEX 6.	AGE (In yrs. lest	YRS.	IF UNDER	DAYS	HOURS MIN.	7. DATE (Mor	e 21,	1033	6. BIRTI Count	HPLACE (State or Foreign ry) aryland
	9e. FACILITY NAME (If not institution, give si				9b. CITY,	TOWN (OR LOCATION OF DE		e 41,		NTY OF E	
5	Washington Count		L				erstown					gton
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY											
E	CAST CONTRAC	shington			y, town o Hage							10d. INSIDE CITY LIMITS?
2	10e. STREET AND NUMBER	5111116 0011			IIage.		. ZIP CODE			40: 017		1 YES 2 NO
FUNERAL DIRECTOR	12203 Brookfield					101	21740			10g. Gr		WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 N		1	I yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica	in, Puerto		or No-	14, RACI Blac	E American Indien, k, White, elc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	☐ YES	2 NO Specify	y:			Spec Wh	ny: ite
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DE(CEDENT'S	USUAL OC	CUPATIO	ON st of working	16	b. KIND OF BUS	SINESS/INI		100
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)		SI OF WORKING			4-		
MP		0		Carpe	ence	nter construction						
BE CO	17. FATHER'S NAME (First, Middle, Løst) Richard William I	Mellott					18. MOTHER'S NA Virgi		Middle, Maiden Clara		hman	
10	190. INFORMANT'S NAME (Type/Print) Rachel Mellott	19b	MAILING 1220	AOORESS 3 Bro	Ookf	ield Ave	Route Nur	nber, City or Town Hagerst	o, State, Zi	Md.	21740	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of centifier) Compilery, cremetory or other piece Compilery.											
	4 Donation 5 Other (Specify) Beaver Creek Cemetery 9-26-94 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Beaver Creek Cemetery 9-26-94 Hagerstown, Maryland Properties of Each Treek Cemetery Properties of Each Treek Cemete											
	•									gers	town	, Md. 21740
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert failure. List only one cause on each line. Approximate interval Between											
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Lung Cancer											
	resulting in death)		ung			51						
		DUE TO (OF	R AS A CONSEO	UENCE OF	ን:							
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate	b DUE TO (Of	R AS A CONSEC	UENCE OF	F):							
CAT	ceuse. Enter UNDERLYING	с										
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
HH	resulting in death) LAST											
	PART ii. Other eignificent condition	e contributing to de	eath but not re	euiting i	in the un	deriyin	g cauee given in	Part i.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
EDICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
MEC												1 YES 2 NO
z	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEA	TH '	YES NO	o 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only o	one)			
YSI	1 TYES 2 NO	1 XInpatient 2 - E			4 🗆 Nurs	ing Hom	e 5 🗆 Rasidence	_				
	27. MANNER OF DEATH 1 Detural 5 Pending	28e. DATE OF IN. (Month, Day,		28b. TIMI INJ	E OF IURY		RK?	28d. DI	ESCRIBE HOW II	NJURY OC	CURED	
B√	Accident Investigation	28s. PLACE OF II	MILIRY — At hou	ma farm s			YES 2 NO	201 10	Cationi (Cimal a	- of Alternation	- n- Dunal	2 4
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, ato	: (Specify)	116r, cmerre, -	III	ory, orne.		City	CATION (Street a y or Town, State)	и пить	f Of Hurei i	Houte Number,
P		ICIAN: To the best of my										
S I	one) 2 MEDICAL EXAMINE	R: On the basis of exem	ninetion end/or in	nveatigatio	n, In my o	pinion, d	eath occured at the	time, det	te end plece, en	d due to I	he ceuse(e) end menner ee stated.
H	29b. SIGNATURE AND TIME OF CONTINUE	: (),					29c. LICENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	W.	WO)	5/11		11407	115			4-0	30-79
	D.E. Ander	SON M	DEATH (ITEN	(10)	Me	dic	al Cay	mp	15Rd	, He	298	rstown Md
	31. DATE FILEO (Month, Dey, Year) SEP 2 2 1994	32. REGISTRAR'S	S SIGNATURE	ı							7	



										REG. NO	4			
1. DECEDENT'S NAME (First	Middle, Last)								2. DATE	OF DEATH	AV.	YEAR	3. TIME OF DE	ATH
Helen M	M	athias							Sept	ember		994	9:20	Ам
4. SOCIAL SECURITY HUME		5. SEX		s. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7 DATE	OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
219-20-0575		1 🗌 M 2 🔀 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Jar	1. Day (1601)	907	Mar	yland	
9e. FACILITY NAME (If not in		ŕ			96. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	HTY OF D	EATH	
Homewood R		nent Cent	er		Wil	liar	nspor	t			Wa	shin	gton	
10e, STATE	10b. COUNT	Y		10c CIT	Y. TOWN	OR LOCA	TIOH						10d. IHSIDE CI	PV
Maryland	Was	shington		1.55.	Hage		1000						LIMITS?	
10e. STREET AHD HUMBER						10	f. ZIP COD	E			t0g. CIT	IZEH OF	WHAT COUNTRY	,
945 Forest	Drive							2174	2		US	SA		
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED X NO						1? (Specify Yes	or No-	14. RAC	E — Americen In k, White, etc.	dlen,
1 Never Merried 2 3 X Widowed 4 Divo		IF YES, GIVE W				If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 □ YES 2 [X NO Specify: White								
													White	
	EDEHT'S EDU highest grade		.180	(Give kind of	USUAL O	CCUPATI	ON ost of worki	no		KIHD OF BU		DUSTRY		
Elementery/Secondary (0	1-12)	College (1-4 or 5+	.)	fife. Do NOT us	e retired.)								merica	
Administrative Secretary Mason Dixon Council							ncil							
17. FATHER'S NAME (First, M	-110								AME (First,	Middle, Maiden	Surname)			
Victor Davi	s Mill	ler					Nel	lie			Loos	e		
19e. IHFORMAHT'S HAME (7	iype/Print)			19b. MAILIHO	ADDRES	S (Street	and Number	r or Runal	Route Num	ber, City or Tow	n, State, Zij	Code)		
Jane M. Nol	and .			945 Fc						wn, Ma			21742	
20e. METHOD OF DISPOSITI		oval from State		ACE AND DATE					DAT		CATION -			
4 Donetion 5 D Other			_ Sm	ithsbu	rg G	rema	tory		9/:	20 Smi	thsbu	ırg,	Maryla	nd
21. SIGNATURE OF FUNERA	L SERVICE LIC	EHSEE			22.	NAME A	D ADDRE	SS OF FA	CILITY,	305	N I	Onton	nac Str	oot
Areo	(C)	Sun	ne						HILCH					
				•			al H						Maryla	DI
23. PART i. Enter the di shock, or h	eert faliure.	complications the List only ona cau	t coused the	e deeth. Do r Ilne.	not enter	the mo	de of dy	ing, suc	ch es cen	diac or respi	ratory er	reet,	Approxi	nate Between
IMMEDIATE CAUSE (Fir	nel	/	7		/_				~					nd Deeth
disease or condition	→	. r	an	Mear	20		PC	11/1	on	a				
resolding in dastil)		DUE TO		NSEQUENCE OF	F):		<i></i>	100						
Sequentially liet conditi		DUE TO	(OR AS A CO	NSEQUENCE OF	F):									
if any, leading to imme- cause. Entar UNDERLY					-								ĺ	
CAUSE (Disease or inju	ry 🕻	c. DUE TO	(OR AS A CO	HSEOUEHCE OF	P:					100				
that initiated eventa resulting in deeth) LAS	т				,.								İ	
		d											1	
PART II. Other significe	nt condition	e contributing to	death but r	not resulting	n the u	nderlyin	g cause	given in	Part I.	24a. WAS AH	AUTOPSY	246	. WERE AUTOPSY	FIHDIHGS

1 🗌 YES 2 📮 27. MANHER OF DEATH 1 Matural

2 Accident

buting	to	death	but	not	resulting	In	the	underlying	cause	given	in	Part	1.

PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 AO

25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	heck only one)
EXAMIHER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 DAG	rsing Home 5 - Reeldence	8 Other (Specify)
27. MANHER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IHJURY AT WORK?	28d. DESCRIBE HOW IHJURY OCCURED

1 YES 2 HO

3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF IHJURY — At home, ferm, atreet, factory, office building, etc. (Specify)	281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State)
29e. CERTIFIER	CERTIFYING PHYSICIAN	To the beel of my knowledge death occurred at the time date and place, and due	to the course(s) and many as stated

ny							
	2 MEDICAL EXAMINER On the beele	of examination end/o	r investigation, in my opinion,	death occured at the time,	date end place, end o	lue to the cause(e) end menner ee stat	ed.

1000		
96. SIGNATURE AND TITLE CENTURY	29c. LICEHSE NUMBER	29d. DATE SIGNED (More), Day, Year)

_			-600	///////
IO. HAM	AME ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27	(Type, Print)	1/ 1	1 1 1 1
17	DOMESTIC PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27	HOS The	HESONOLV	mo 2/142

SEP 2 11994

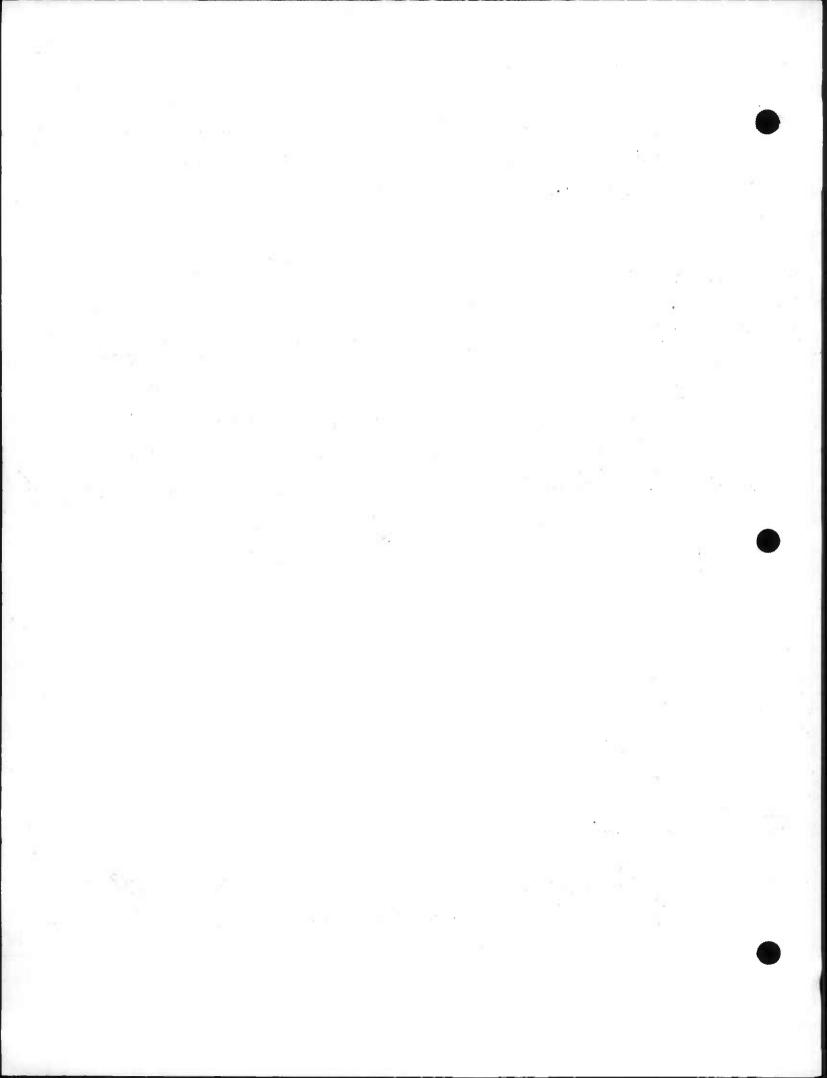
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BY PHYSICIAN: MEDICAL CERTIFICATION

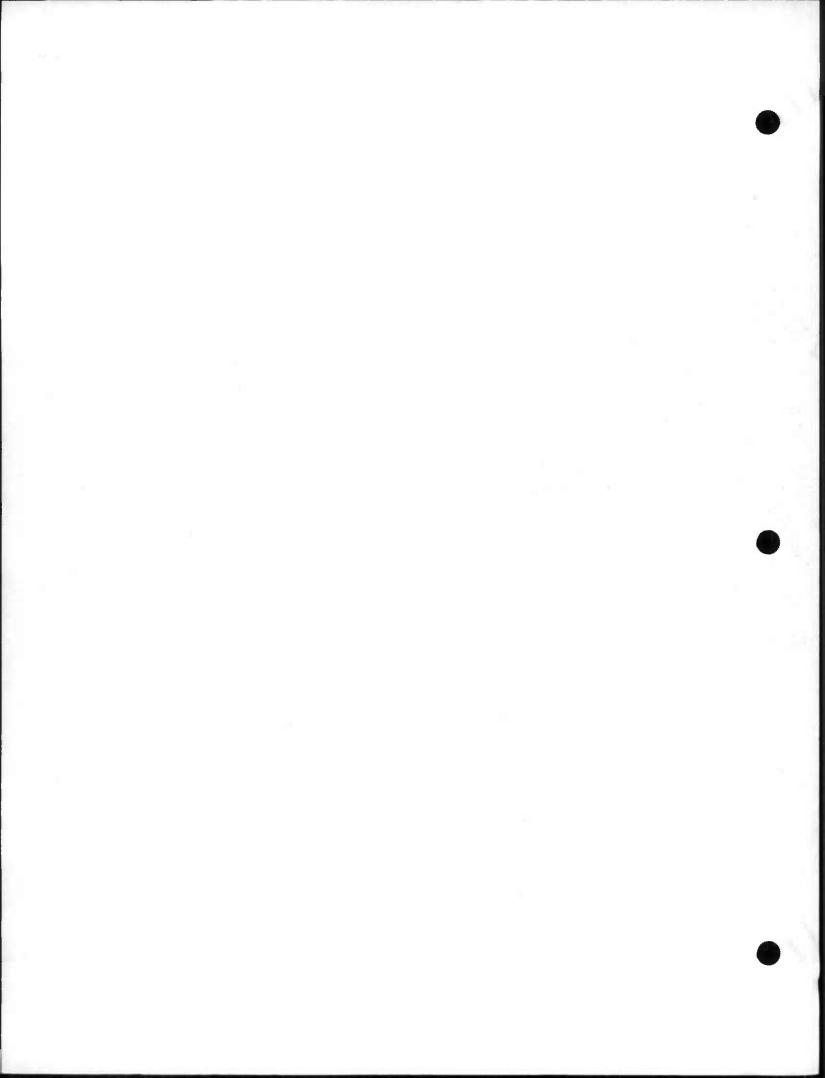
BE COMPLETED

2

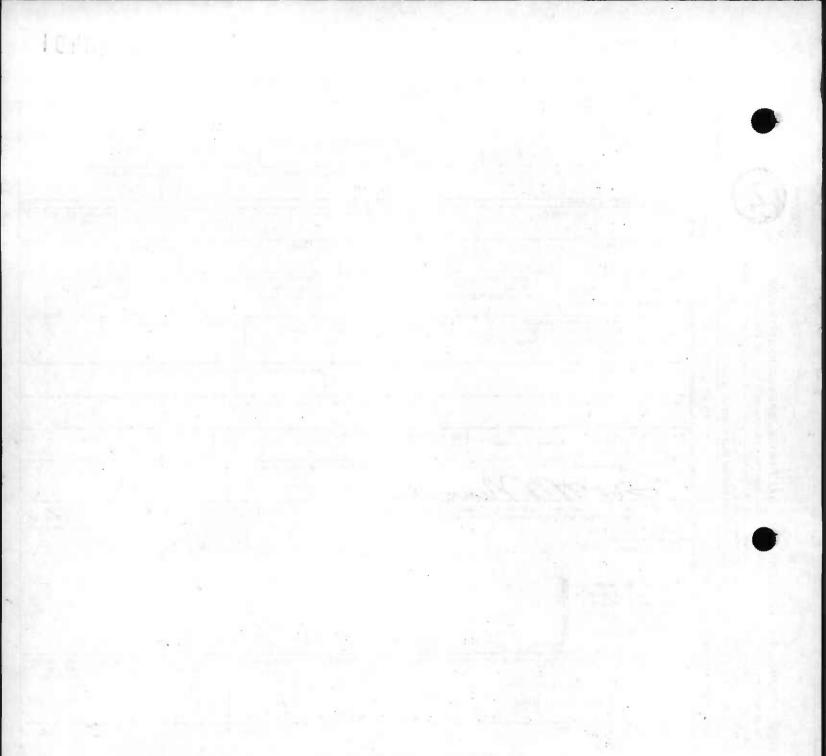


1		P	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transi nn, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_				_			10711		DLA			HEG. NO			
	1. DECEDENT'S NAME (First		N MIT	T 1710							MONTI	OF DEATH	NY (YEAR	3. TIME OF DEATH
	CARROLL 4. SOCIAL SECURITY NUMBER	IVA	N MIL								500		Q	14	2147
	220-34-088		5. SEX 1 ⊠ M 2 □ F	8. AGE (II	in yrs. lest i 7	YRS.	IF UNDER	DAYS	HOURS	H 24 HRS.	(Montt	OF BIRTH	016	Country	
	9a. FACILITY NAME (If not in	·		/ /		Tho.	ob CITI	TOWN (OR LOCAT	ION OF OR		28,	L916	MA NTY OF D	RYLAND
œ	WASHINGTON		11 00001114	דאי			90. C/1			STOWN			1		
DIRECTOR	RESIDENCE OF DEC		II HOSPII	МП			_	П	- IGER	STOME	N	_	W	Bril	aton
H	10a, STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCAT	TION						Tod. INSIDE CITY
- 1	MARYLAND		WASHING	TON				BOOM	NSBOI	RO					1 TES 2 NO
FUNERAL	10e, STREET AND NUMBER							101	. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
ÿ	21005 RENO	MONUM								2171				U.S.	Α.
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1									? (Specify Yas Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
B	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DA	TES			1 TYES	2 🔀 NO	Specify	r:			Specia	WHITE
	15. DEC	EDENT'S EDU	CATION		16a. DECI	EDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	SINESS/INI	OUSTRY	MULTE
E	(Specify onli Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5	+)	(Give	kind of s Oo NOT us	work done se retired.)	during mo	st of worki	ing	100				
필	12			_		F	ARME	R					FARM	ING	
COMPLETED	17. FATHER'S NAME (First, M						18. MOT	HER'S NA	ME (First, A	fiddle, Maiden	Surname)				
BE (CLARENCE O		ER						BE	ESSIE	L.	GELTMA	CHER		
2	19a, INFORMANT'S NAME (1			19b.	MAILING	ADDRES	S (Street a	ind Numbe	or or Rural I	Route Numb	er, City or Tow	n, State, Zip	Code)		
PIARGARET V. MILLER ZIOUS RENO MONUMENT ROAD, BC. 20a, METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Removal from State Committee, crematory of other place) OATE 20							INT R	ROAD, BOONSBORO, MD 21713							
							OF DISPOS	SITION (No	me of		1			City or To	
							BO	ONSBO	DRO,	MARYLAND					
	1000	/ Par	11									7606	old 1	Natio	nal Pike
	a Lason "	2 000	112	ın H.	1000000		A1111					Boons	boro	, MD	21713
	23. PART I. Enter the d	iseases, or a	complications the	t caused	tha dea	th. Do r	not antai	tha mo	da of dy	ing, suci	h as card	lac or reapi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Fir	nal													Intarval Between Onset and Death
	disease or condition resulting in death)	→	a		C	ack	om	elu	me	ry	ane	st			men
1			b. arker	(OR AS A	CONSEOL	JENCE O	9	5 9 4 0		(
O	Sequantially list condit	ions,	b. arker	OR AS A	ewell	OT	emo	tels	uen	000	1			ys	
CERTIFICATION	If any, leading to imme- cause, Enter UNDERLY	diate													7150
FIG	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. Cangisliae heur facilities d. Cangisliae heur facilities d. Cangisliae heur facilities d. Cangisliae heur facilities									-					
E	resulting in death) LAS	LAST (melaliae heurt fueline 4)								4 who					
									0				-		
EDICAL	PART II. Other algnifica	ont condition	ute m	daath bu	ut not rea	auiting	in the u	ndariyin	g cause	givan in	Part i.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							The.	et.				1 YES 2	≥ KNO		OF DEATH?
Σ			ine f								- 1				1 TYES 2 NO
PHYSICIAN:	DID TOBACO	CO USE	CONTRIBUT	TE TO	CAU	SE O	F DE					_			
S	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF E	DEATH (Ch	eck only on	e)			
₹	1 YES 2 NO		1 Inpatient 2		etlant 3	DOA 28b, TIM	_	sing Hom 28c, INJ		asidenca	8 Othe			211252	
	1 Natural 5	Pending	(Month, E	Day, Year)			URY	WO	PRK?	¬ NO	280. DES	CRIBE HOW I	NJURY OC	CUHED	
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	REGISTRAR	STATE OF MARYL		TE OF DEA	ГН	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last, B	Math	#		MON	01 160	74	IE OF DEATH	
	4. SOCIAL SECURITY NUMBER 265-62-1229	10 H 2 GF	98 YRS. MON		MIN. Aug		Pennsy	(State or Foreign Ivania	
TOR	9a. FACILITY NAME (If not institution, give Colton Villa Nur RESIDENCE OF DECEDENT			Hagerstown			shingto	n	
DIRECTOR	10a. STATE 10b. COUNTY West Virginia Be			wn or Location 11ing Wate	ers		L	NSIDE CITY IMITS? YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 1019 Vanguard L	ane		101. ZIP COD			S.A.	OUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT (If yes, specify Cubs 1 YES 2 ANO	in, Maxican, Puerto	IN? (Specify Yes or No— o Rican, etc.)	14. RACE — Am Black, White Specify: W	i, atc.	
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use reti	done during most of working.	ng 16	bb. KIND OF BUSINESS/IND	DUSTRY		
E COMPL	0-12 17. FATHER'S NAME (First, Middle, Last) John	Dietrich	homema		HER'S NAME (First,	Middle, Maiden Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Phyllis Mof				r or Rural Route Nur	nber, City or Town, State, Zip ing Waters,		419	
	20a. METHOD OF DISPOSITION 1	moval from Stata ce	b. PLACE AND DATE OF DIS metery, cremetory or other p 1286 TSTOWN	Crematory		17-94 Hager	stown,	MD	
	21. SIGNATURE OF FULL THE AND ADDRESS OF FACILITY Minnich Funeral 415 East Wilson Blvd., Hagersto 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,								
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Old	d the death. Do not esech line. A CONSEQUENCE OF)	with with	eng, such as co	rdiac or respiratory err		Approximate Interval Betv Onset end D	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a Beh	A CONSEQUENCE OF:	i i				-	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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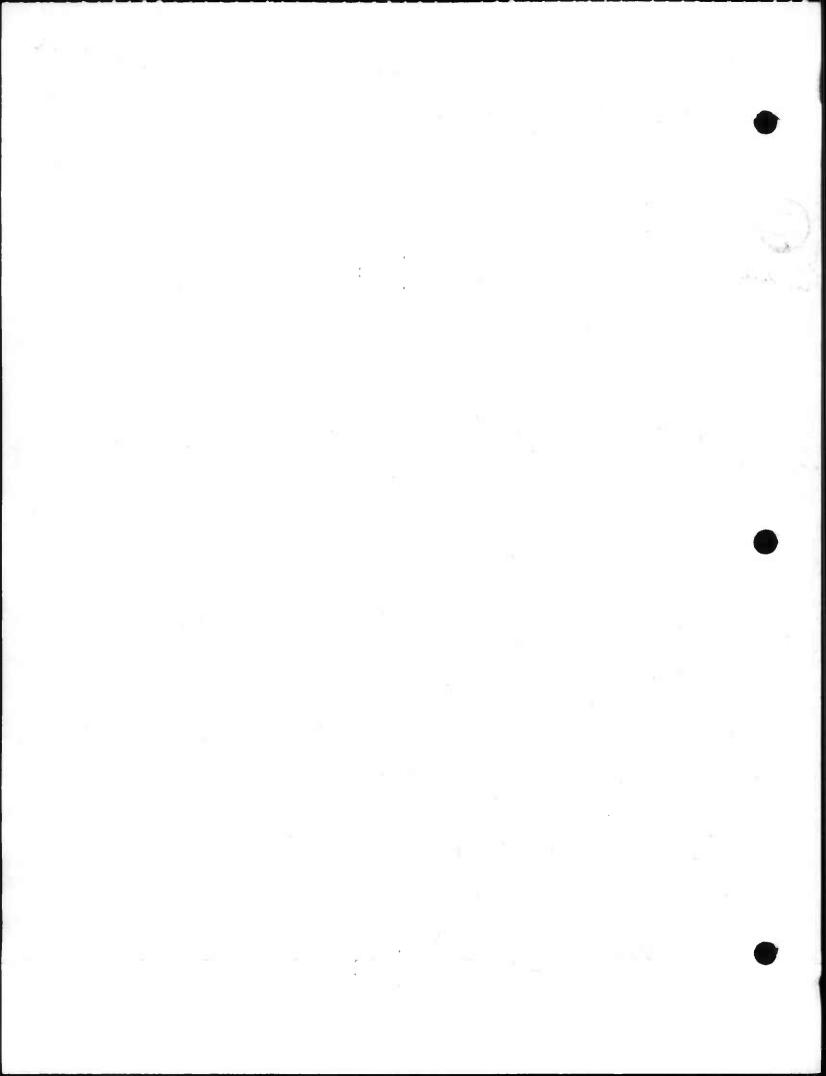
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

				ALE O	F DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	MY	YEAR	3. TIME C	OF DEATH
Edwin D	onald New	comer				9		- 94	TEAR	11.4	40 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last b	-	UNDER 1 YEAR		. 7. DATE	OF BIRTH		8. BIRT	HPLACE (St	ate or Foreig
214-10-3997	1 M 2 F	87	YRS. MON	THE DAYS	HOURS MIN	7-2	0 1907	7	Ma	rylar	h
9a. FACILITY NAME (If not institution, give stre	eet and number)		9b.	CITY, TOWN	OR LOCATION OF			9c. COU			
Reeders Memorial	Home		В	oonsb	oro			Wa	shin	gton	
10e. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOC	ATION				-	10d. INSI	DE CITY
Maryland Wa	shington		IJ+1	liams	nort					LIMIT	TS?
10e. STREET AND NUMBER	SHIHELOH		MIT		IOF. ZIP CODE			I 10g CITI	ZEN OF	WHAT COUR	
236 E. Potomac St	reet				21795				U.S.		
11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 THE STATE OF T	YES 2 NO	ED	If yes,	ECENDENT OF HIS specify Cuban, Mea	kican, Puerto		e or No-	Spec	E — Americ k, White, at #/y: Vhite	ic.
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(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give	kind of work of NOT use ret	done during i ired.)	nost of working						
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Frank Newcomer	ь.				The state of the s	Barne					
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Chlorene Newcomer							. ,			170F	
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	4. SOCIAL SECONITY NUMBER	1 M 2 F			OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	TTHPLACE (State or Foreign untry)	
	9a. FACILITY NAME (If not institution, give a	itreet and number)		96. CITY, TOWN OR	OCATION OF DEA	G /29/	9c. COUNTY OF		
OR	U. of Maryland	Hospital		Battim	na				
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DIR	mo.		B	altima			10d. INSIDE CITY MITS? VES 2 NO		
3AL	10e. STREET AND NUMBER		,		P COOE		10g. CITIZEN O	F WHAT COUNTRY?	
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	1 Never Merried 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENI	y Cuban, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc.	
ВУ	3 Widowed 4 Divorced	W 123, GIVE WAR ON DI		T TES 2	NO Specify:		Sp	Blacks	
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION rk done during most of retired.)	f working	16b. KIND OF BUS	SINESS/INOUSTRY	,	
PLE	Elementery/Secondary (0-12)	Coilege (1-4 or 5+)	ine. Do NOT USE	reared.)					
COMPLET	17. FATHER'S NAME (First, Middle, Last)			11	. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
BE (Anto	nelle W	ilder		
0	Anto nette WI	1 - 0	19b. MAILING A	4 8		A City or Town	n, State, Zip Code)		
13	20a. METHOD OF DISPOSITION	206	PLACEAND DATE OF	LINWA DISPOSITION (Name		POATE 200 LO	CATION — City or	Town State	
	1 Buriel 2 Cremation 3 Rem	oval from Stata cem	elery, cremetory or other	er place)	/	R	altima		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			DDRESS OF FACI	шту			
	•								
	23. PART I. Enter the diseases, or a shock, or heert failure.	complications that caused List only one cause on e	the death. Do no	t enter the mode	of dying, such	es cerdiec or respi	ratory errest,	Approximate Intervel Between	
	IMMEDIATE CAUSE (Final	•						Onset and Death	
	resulting in death)	e. Respirate	consequence of	ess Syndu	One			9hr	
z			premate of:					94_	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):	1					
FIC	CAUSE (Disease or Injury that Initiated events	CDUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in desth) LAST	d							
AL C	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underlying c	suse given in P	art i. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINGINGS	
EDICA						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME								DF DEATH?	
	DID TOBACCO USE CONT				UNCERTAIN				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 🕅 NO	HOSPITAL:		OTHER:					
НХ	27. MANNER OF DEATH	1) Inpatient 2 ER/Outp 28a. DATE OF INJURY	28b, TIME		AT :	Other (Specify) 28d. OESCRIBE HOW II	JURY OCCURED		
ВУР	1 Nstural 5 Pending 2 Accident Investigetion	(Month, Day, Year)	INJUI		2 NO				
ED E	3 Suicide S Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, str	eat, factory, offica		281. LOCATION (Street a City or Town, State)	nd Number or Rure	al Route Number,	
COMPLET	(Check only CENTIFYING PHYSI	CIAN: To the best of my knowless: On the basis of examination							
	29b. SIGNATURE AND TITLE OF CERTIFIES		The state of the s		c. LICENSE NUMB			e(a) and menner ea stated. EO (Month, Day, Year)	
BE	Rone Man Vi	o cardi my			S. LIOLINGE NOME		D 0/	18/20	
T0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, P	rint)			0//	- (//	
	Rose Marie VISC 31. DATE FILEO (Month, Day, Year)	ardi MD Z P. REGISTRAR'S SIGN.	2 S. Grea	one St.	Km USA	168 Bu	Himmen	402/201	
	SFP 2 9 1994	July d'austron	Rardalle						
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1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		5.55341	3. TIME OF DEATH
	Matthew Fa	unce	Pierson	1			September	17	1994	H'NA. M
	4. SOCIAL SECURITY NUMBER 5	i. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	222-16-1301	[XM 2 □ F	66	YRS.	MONTHS DAYS	HOURS MIN.	Feb. 2, 1	000	Count	**
	9a. FACILITY NAME (If not institution, give stree	et and number)	- 00		9b. CITY. TOWN	OR LOCATION OF D			MTY OF D	
Œ	22569 Pot Pie R						LAIT	100 100		
18	RESIDENCE OF DECEDENT	Dau			Wittr	nan		T	albot	
) H	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
<u>a</u>	Maryland Talb	ot		Wi	t tman					LIMITS?
4	10e. STREET AND NUMBER					. ZIP CODE		10a, CI	IZEN OF V	WHAT COUNTRY?
BY FUNERAL DIRECTOR	22569 Pot	Pie Ros	ıd			21676		US		
3				MED	13. WAS DEC		NIC ORIGIN? (Specify Ye			E — American Indien,
E		2. WAS DECEDENT FORCES? 1. IF YES, GIVE WA		0	If yes, sp	ecify Cuban, Mexic	nn, Puerto Rican, etc.)	or 110—	Black	t, White, etc.
	3 Widowed 4 X Divorced	W 123, 0172 W	IN ON DATES		1 YES	2 NO Speci	y:		Speci	White
COMPLETED	15. DECEDENT'S EDUCAT	ION	16a. DEC	CEDENT'S	USUAL OCCUPATE	ON	16b. KIND OF BU	SINESS/IN	DUSTRY	
ы	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Gh	ve kind of w Do NOT us	ork done during mo e retired.)	st of working				
립	12	6		'each	er		Educat	ion		
8	17. FATHER'S NAME (First, Middle, Last)					18 MOTHER'S NA	ME (First, Middle, Maiden			
<u></u>	William Mor	ris Pier	son				a Faunce	Surname)		
H	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDDESS /Steat		Route Number, City or Tow	A		
2	Lisa P. Daffin						Aichaels, N			01000
	20a. METHOD OF DISPOSITION						7000			21663
	1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	cometent cross	matory or ot	F DISPOSITION (Na her place)				City or To	7-1.00
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SFF	Capit	ol C	rematory	9-19-	74 Dove	r, I	elaw	are
	11 . 8						eonard Fune	mo 1	Llomo	
	Hanson E.	Liena	ne		312 S	Talbot	St St I	rai Ii obo	none	MD 21663
- 1	23. PART I. Entar the diseases, or com ahock, or haert failure. Lis	nplications that	caused the des	th. Do n	ot enter tha mo	de of dying, suc	h es cardiec or resp	ratory ar	rest,	Approximate
	MANAGOLATE CALLOG (EL.)					/				Interval Between Onset and Death
	disease or condition resulting in death)	ATH	no co	Ima	Ti /	an dia	vac. la	- 1	3000	Onset and Death
İ	s	DUE TO (OR AS A CONSEO	UENCE OF):	77.60.0	1110/41	(, ,	1 CASE	1600
z										
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO (C	OR AS A CONSEC	UENCE OF):					
8	CAUSE (Disease or injury									
<u>= 1</u>	that initiated events	DUE TO (C	OR AS A CONSEQ	UENCE OF):					
	resulting in death) LAST									! !
ਹ	PART II Other elgoliticant conditions	a shelle sale as A - 1					1			
DICAL	PART II. Other aignificant conditions of						Part 1. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă		typer,	7 E-10	1	LNd ST	19512	1 _ YES 2	THO		COMPLETION OF CAUSE OF DEATH?
ME	Mans/ Dises	16								1 YES 2 NO
z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				ACE OF DEATH (Ch	eck only one)			
Š		☐ Inpatient 2 ☐ I	ER/Outpatient 3		OTHER: 4 Nursing Hom	e 5 🖹 Residence	8 Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF III (Month, Day		28b. TIME		URY AT RK?	28d. DESCRIBE HOW I	NJURY OC	CURED	
βÁ	1 Natural 5 Pending 2 Accident Investigation	(month, buy	loui)	mac		ES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At hor	ne, farm, st	reet, lactory, office		281. LOCATION (Street a	nd Numbe	r or Rural R	loute Number,
COMPLETED	4 Homicide determined	building, et	ic. (Specify)				City or Town, State)			
١٣	290. CERTIFIER	N. To the best of a								
₹							to the cause(e) end mer			
8	2 MEDICAL EXAMINER: 0	THE DEGREE OF SAME		rvestigation	, in my opinion, a	eath occured at the	Ilme, date end place, an	d due lo il	he Ceuse(s)	and menner as stated.
H	296, SEGNATURE AND THE OF CERTIFIER	5//	1/			29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
2	ameny (16	260	and 1	M)	1)3/4	66		7/19	194
	30. NAME AND ADDRESS OF PERSON WHO CO								1	
	Ludwig J. Eglsede	r, III,	M. D.,	606	Dutchma	ns Lane.	Easton. M	arvl	and	21663
	ST. DATE PILED (MORITI, Day, Year)	32. REGISTRAR	S SIGNATURE							
	SEP 19 1994	I	- Banda 00							



DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

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SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit perme Puge No. 1 and Nental Hydiene prior to burlai, cremation, or removal.	

3. TIME OF DEATH JOSEPH Si 750 POWELL A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday, 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 215-16-8018 1 M 2 | F 82 YRS. APRIL 8,1912 MARYLAND 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WESLEYLAN NURSING CARE CENETER DENTON CAROLINE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CAROLINE RIDGELY 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX 821 21660 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 6th LABORER CANNERY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) HENRY POWELL notified at BE (IDA MARIE UNKNOWN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 CLARARITA BUTLER P.O. BOX 821, Ridgely, MARYLAND 21660 must be 20a, METHOD OF DISPOSITION VIX Burial 2 □ Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE SANDTOWN CEM. 1994 4 C Donation 5 C Other (Specify) SEPT 10. HILLSBORO, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY BENNIE SMITH FUNERAL SERVIVES 2.0. BOX 1687, EASTON, MD: 21601 medical 23. PART I. Enter the discess, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition AR217/6 16event, reaulting in death) DIE TO OR AS A CONSEQUENCE OF OWA Injury, or other traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING 20es CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 8 61 PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL shows any 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA irsing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 20b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 8 Could not be COMPLETED 4 🔲 Homicide 28 DIRECTO hours aft TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 29n CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mogth, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21636 HENRY Di P.O. BOX 122 Tom OLDSBORD MA50 D.O. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE The Savidson 1994

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Derir of Hearth and Mental Honlehe prior to hurid, remarking or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the label many within 72 hours after death with the State Deat of Health and Mental Monlene error to brind comparion or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injur

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALT CATE OF DEA		NTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	V VE	3. TIME OF DEATH	
	Louis	Paul	Piers	ant					РМ
	4. SOCIAL SECURITY NUMBER 220-09-2473		(In yrs. last birthday) 4 YRS.	IF UNDER 1 YEAR IF UNI MONTHS DAYS HOUR	DER 24 HRS. 7. I	Month Day, Year)	1920	Maryland	7
TOR	9s. FACILITY NAME (If not institution, give si Memorial Hospi			96. CITY, TOWN OR LOC Easton	ATION OF DEATH		% county Talk		
DIRECTOR	Maryland Tal			TOWN OR LOCATION	*			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNEŘAL	27219 Pocahont	as Avenue		101. ZIP CI 21	601		-	of WHAT COUNTRY? ted States	;
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR O WWII	IN U.S. ARMED 2 NO DATES	13. WAS DECENDEN If yes, specify Ct 1 YES 245 N	iban, Maxican, Pu	RIGIN? (Specify Year arto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Vn1te	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kind of we	ISUAL OCCUPATION ork done during most of wo retired.)		16b. KIND OF BUS			
COMP	12 17. FATHER'S NAME (First, Middle, Last)		Produc	tion Mana	OTHER'S NAME (First, Middle, Maiden		= <u>-</u>	_
H	Louis Piers				Lena		esti		
2	Ida Eccles Pie			ADDRESS (Street and Num 9 Pocahon					
	20a, METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)		metery, cremetory or oth	F DISPOSITION (Name of er place) TY Cremat	orv		CATION — CITY Lisbui	or Town, State	no
	21. SIGNATURE OF FUNERAL SERVICE LICE **B. Kett /**	ENSEE		22. NAME AND ADD	Funei	al Hom	e, P. <i>I</i>		
	23. PART I. Enter the diseases, or of ehock, or heart fellure.	complications that cause List only one cause on a	d the deeth. Do no	ot enter the mode of	dying, such es	cerdiec or respi	ratory errest,	interval Betwe	
	immediate cause (Finel disease or condition resulting in deeth)	BRAINS DUE TO (OR AS	TEM G	SREBPOL	ASCUL.	or Ac	4061	Onset end De	eth
CERTIFICATION	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	-0515				yrs	b.,
EDICAL	PART II. Other significent condition	ARTER-	but not resulting in	the underlying caus	e given in Part	I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
N.	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	OF DEATH YES	NO D UN	ICERTAIN [.		1 TYES 2 TYNO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	Residence & 🗍	Other (Specify)			_
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	H 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 5 Pending 28d. DATE OF INJURY 28d. INJURY AT WORK?							
8	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, at cify)	reat, factory, office	281.	LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,	
COMPLET		CIAN: To the best of my know						use(a) and manner as 해제요.	1.
BE	296. SIGNATURE AND TITLE OF CESTIFIES	2.6	7		CENSE NUMBER			SNED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	14	en m	>	12516		- / '/	1. / T	

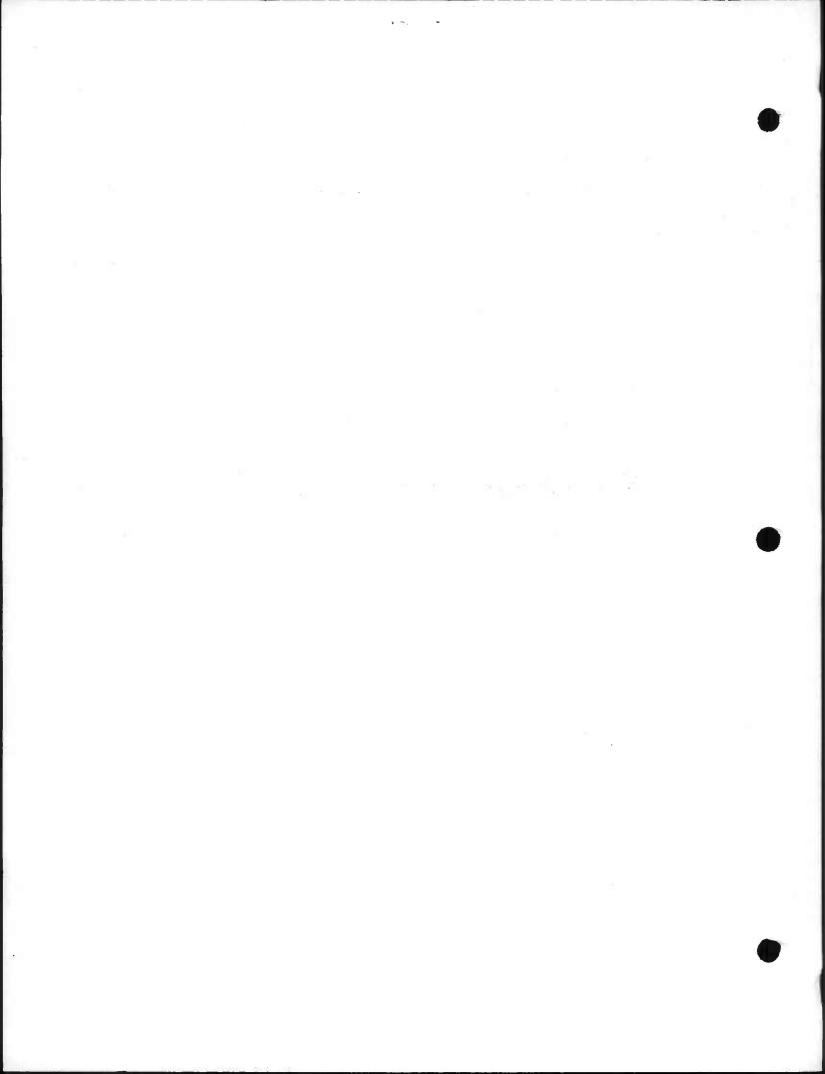
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

403 MARVEC COVR EASON, MO 2/60/

31. DATE FILED (Month, Day, Year)

\$2. BEGISTRAR'S SIGNATURE

\$2. BEGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physical	urs after death. Page 6 may be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial to burial, cremation, or removal.	In by the funeral director, page 5 should be detached for use as the burial removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIENI REG. NO.	E	
i	1. DECEDENT'S NAME (First, Middle, Last) CHARLES J					2. DATE OF DEATH DA 9 6 1994		3. TIME OF OEATN
	213-34-3111	□ 1 56	YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		37	BIRTNPLACE (State or Foreign Country) MARYLAND
TOR	9a. FACILITY NAME (If not institution, give stree ANNE ARUNDEL MEDI RESIDENCE OF DECEDENT		LIS	9c. COUNTY OF DEATH ANNE ARUNDEL				
DIRECTOR	10a. STATE 10b. COUNTY							10d. INSIDE CITY LIMITS? 1 XXYES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 118 SOUTHVILLA AVE.			101.	ZIP CODE			N OF WHAT COUNTRY?
BY		2. WAS OECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XX No	13. WAS DEC		NIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		U.S. RACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	FION 16a (1-4 or 5+)	DECEDENT'S U (Give kind of wo life. Do NOT use LABOREF	SUAL OCCUPATION of done during mos retired.)	N t of working	16b. KIND OF BUS	INESS/INDUS	тну
BE COM	17. FATNER'S NAME (First, Middle, Lest) RUDOLPH I. PULLEY.	SR.			MABLE	ME (First, Middle, Maiden CARTER		
10	19a. INFORMANT'S NAME (Type/Print) SHIRLEY COOPER					Route Number, City or Town		
	20a. METNOD OF DISPOSITION 1 Department March Department Departm	cemelery MT.	CEAND DATE OF CALVARY	DISPOSITION (National Property Place) CHURCH	CEME.	OATE 20c. LOG	CATION — CR	ry or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN Lavy B. Re	SEE		REESE	& SONS N	cury MORTUARY, F ANNAPOLIS,	.A.	
CERTIFICATION	Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM-	SEQUENCE OF)	en o	acci	desil	5//	Interval Between Onset and Death
MEDICAL	PART II. Other algnificent conditions of	contributing to death by a				Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		IOSPITAL:		OTHER:	ACE OF DEATH (Ch	, , , ,		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJI		8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCU	RED
	3 Suicide 5 Could not be 4 Nomicide determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Favor State)						
COMPLETED	900)	N: To the best of my knowledge On the basis of examination and						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	M ms			29c. LICENSE NUI	138	29d. DATE 5	SIGNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO C	Gell Ape	Ar	Ples	3/1/	mo z	1/2	/
	31. DATE FILED (MONTH, Day, Year) SEP 12 199	32 REGISTRAR'S SIGNATUR	ox-Randall					



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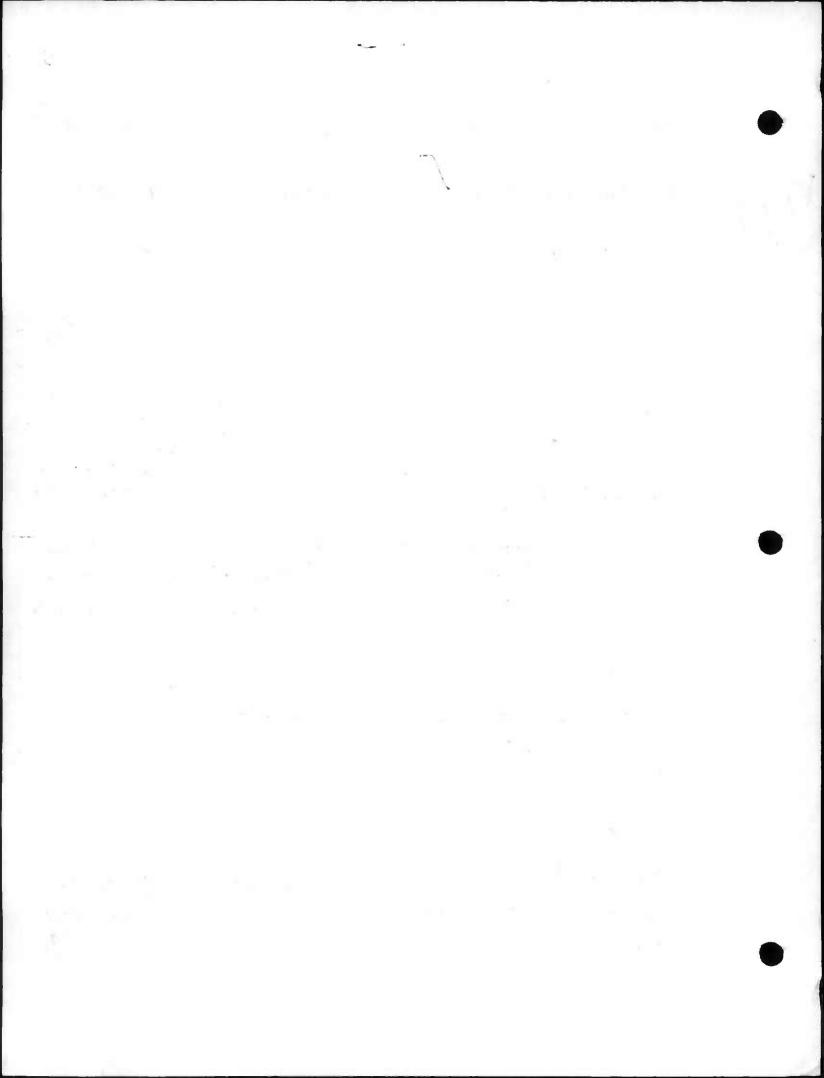
	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) EDNA C. PINDELL						2. DATE OF DEATH BAY		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	CIAL SECURITY NUMBER 5. SEX 6. AGE (In x/3. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE	E OF BIRTN		BIRTNPLA	VCE (State or Foreign
	220-30-2177	1 M 2 F	8 YRS.	MONTHS DAY		(Monti	n, Day, Year)		Country) MARYL	
	9a. FACILITY NAME (If not institution, give str	set and number)		SE CITY, TOW	N ON LOCATION OF DE				Y OF DEAT	
	RESIDENCE OF DECEDENT									
DINECTOR	10a. STATE 10b. COUNTY	~	10c. CU	Y, TOWN OR LO	CATION				100	d. INSIDE CITY
	100. STREEP AND NUMBER		1	11	101, ZIP CODE	/_>		T 100. CITIZE	N OF WHA	YES 2 NO
FUNERAL	1900 LINCOLN DRIV	/E			21401				U.S.	
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2- NO	If yes,	DECENDENT OF NISPAL specify Cuben, Maxica (ES 2 NO Specific	an, Puerto I		or No — 14	4. RACE — Black, WI	
FLEIEU	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		Ilfe. Do NOT us	work done during	ATION most of working	16b	. KIND OF BU	SINESS/INDUS	STRY	
E COMPLET	17. FATHER'S NAME (First, Middle, Last) FRANK LEE				18. MOTNER'S NA			Surname)		
IO BE	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural	Ploute Numi	ber, City or Tow		ode)	
	THROORE PINDELL 200. METNOD OF DISPOSITION	I a			DR. ANNAE		_			
	x1 Sprial 2 ☐ Cremation 3 ☐ Ramor		b.PLACEANDDATE		GARDENS 9/	14/9		VAPOLI		
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
J.	REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE O		Don	>				
ա										
	PART II. Other algnificent conditions	contributing to death t	but not regulting	In the underly	ying cause given in	Part I.	24s. WAS AN			
MEDICAL	PART II. Other algnificent conditions	contributing to death i	but not resulting	in the underly	/ing cause given in	Part I.	14a. WAS AN PERFO	MEDY	AMA COI OF	ARLABLE PRIOR TO MPLETION OF CAL DEATH?
MEDICAL	25. WAS CASE REFEREND TO MEDICAL EXAMINER?	HQÉPITAL:		26 OTHER:	. PLACE OF DEATH (CA	neck only on	1 TYES	MEDY	AMA COI OF	RE AUTOPSY FIND NLABLE PRIOR TO MPLETION OF CAL DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFEREND TO MEDICAL EXAMINER? 1 YES 2 NQ 27. MANNER OF DEATH 1 Netural 5 Pending)	Ipetient 3 □ DOA	OTHER: 4 Nursing N ME OF 28c.		seck only on	1 VES (MEDY	COI OF	ARLABLE PRIOR TO MPLETION OF CAL DEATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 17 Inpetient 2 ER/Outs 28e. DATE OF INJURY	ipetient 3 DOA 28b. TiM	OTHER: 4 Nursing N ME OF 28c. JURY 1 [PLACE OF DEATH (Chome 5 Residence INJURY AT WORK?	8 Othe	1 YES 1	NJURY OCCU	OF 1 [ALABLE PRIOR TO MIPLETION OF CA DEATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Liggetient 2 ER/Out: 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIM N. Y — At home, farm,	OTHER: 4 Nursing N ME OF 28c. JURY M 1 [street, factory, o	PLACE OF DEATH (Ch. forme 5 Residence INJURY AT WORK? YES 2 NO fflica	8 Othe 28d. DES 28f. LOC City	1 VES	NJURY OCCU	AMCONO OF 1 [ALABLE PRIOR TO MPLETION OF CA DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 10 Inpetient 2 EN/Out 28s. DATE OF INJURY (Month, Dey, 'ber') 28s. PLACE OF INJURY building, etc. (Spe	28b. TIM N. Y — At home, farm,	OTHER: 4 Nursing N ME OF 28c. JURY M 1 [street, factory, o	PLACE OF DEATH (Ch. forme 5 Residence INJURY AT WORK? YES 2 NO fflica	8 Other 28d. DES 28f. LOC City	1 VES	NJURY OCCU	AMM COO OF 1 [I]	ALABLE PRIOR TO MPLETION OF CA DEATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NQ 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 11 Lightent 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spe 1AN: To the best of my know On the basis of examination	y — At home, farm, city) on and/or investigation	OTHER: 4 Nursing h ME OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH (Chome 5 Residence INJURY AT WORK? VES 2 NO office lete and piece, and due n, death occured at the	8 Other 28d. DES 28f. LOC City	1 VES	NJURY OCCU	AMM COO OF 1 [I]	ALABLE PRIOR TO MPLETION OF CA DEATH? YES 2 NO

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR	CERTIFIC	AIE	OF DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Ginger Elizabeth	Plus	F		2. DATE OF DE	DAY 13	94	3. TIME OF DEATH A		
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.		UNDER 1 YE		7. DATE OF BIT (Month, Day, 7/30	Year)	Count	HPLACE (State or Foreign ry) yland		
TOR I	90. FACILITY NAME (If not institution, give street and number) Falls toh Gen. Hosp. RESIDENCE OF DECEDENT	9b						9c. COUNTY OF DEATH HOLL FORCE		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO						10d. INSIDE CITY LIMITS?		
	Maryland Harford 100. STREET AND NUMBER	Abe	Aberdeen 101, ZIP CODE			10a CI	1 X YES 2 NO			
FUNERAL	601 Cornell Street		21001			U.S.A.				
À	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWIdowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1X YE IF YES, GIVE WAR OR WIT I	S 2 NO	NO If yes, specify Cuben, Mexican				Spec	E — Americen Indian, k, White, etc. ify: ite		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work	(Give kind of work done during most of working				IDUSTRY			
E E	Elementary/Secondary (0-12) College (1-4 or 5 +)		Waitress			Restaurant				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	wareres.	3	18. MOTHER'S NA		RESCAULATE AE (First, Middle, Maiden Surname)				
BEC	Ernest G. Morris			Marie	F. Ben	ock				
	19e. INFORMANT'S NAME (Type/Print)			eet end Number or Rural I				3 24 24 7		
	Hazel V. Cassady							o, Maryland 21017		
- (emetery, crematory of other is Air Memo	ND DATE OF DISPOSITION (Name of pattern place): ND DATE 20c. LOCATION — City or Town, State pattern place): PATT DATE 20c. LOCATION — City or Town, State pattern place): PATT PATTERN PATT							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	alalhaa	Ta	E AND ADDRESS OF FA	go Fune		e, P	.A.		
	23. PART I. Enter the diseases, or complications that cause	gul Qui		perdeen, Ma						
	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Daath disease or condition									
Z	DUE TO (OR AS A CONSEQUENCE OF): TO THE TO (OR AS A CONSEQUENCE OF): TO THE TO (OR AS A CONSEQUENCE OF): THE TO THE TO (OR AS A CONSEQUENCE OF):									
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseases or injury that initiated events.) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	resulting in death) LAST									
CAL	PART II. Other significant conditions contributing to death	but not resulting in the	ha underi	ying cause given in		WAS AN AUTOPSY PERFORMED?	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
	COFIS				_ 10	YES 2 1-NO		OF DEATH?		
: ME	DID TOBACCO USE CONTRIBUTE TO	CALISE OF D	CATL	YES IT NO				1 NES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	CAUSE OF D		B. PLACE OF DEATH (Ch			_			
200	1 YES 2 NO 1 Impatient 2 ER/O		THER: Nursing	Home 5 - Reeldenca	8 Other (Spec	city)				
ВУ РНУ	27. MANNED OF DEATH 1 Natural 5 Pending 2 Accident Investigation) INJURY	M: 1	INJURY AT WORK?	28d. DESCRIBE	E HOW INJURY O	CCURED			
	3 Suicide s Could not be determined	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner ee stated.									
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Pay, Year) H 44463 P 9//3 / G4							Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF T	G58 F	300	NUN SI	neur	Be	LA	R MD		
	9/8EP 1 9 1994 Julia David	sor Ravdall						21014		



TO BE COMPLETED BY FUNERAL DIRECTOR

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de la contraction de la contra	phould	th with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	scalend on these 93 absence one fallens on ables bearings at the second of
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP16 1994

FOR 1 - STATE	STATE OF MARY				MENTAL HYGIEN	E			
REGISTRAR 1. OECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE OF	DEATH	REG. NO				
JAMES	H. RUI				2. DATE OF DEATH				
	1110				Sept. 15,	1994	0415 AM		
		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)		
		88 YRS.			Feb. 26 1	906 Ma	aryland		
9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH		
11508 Beckford	Avenue		Pri	ncess A	Anne	Some	rset		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LOCA	F1001					
Manyland Caren		,			10d. INSIDE CITY LIMITS?				
Maryland Somer	set	ncess			1 YES 2 NO				
			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
11508 Beckford				2185	3	U	.S.		
11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISPAI 2 NO If yes, specify Cuben, Maxica			NIC ORIGIN? (Specify Yea or No— 14. R. en, Puerto Ricen, etc.)			
3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specif		Spe	ecity:		
						WI	nite		
15. DECEDENT'S EOUCAT (Specify only highest grade con	ION npleted)	(Give kind of v	USUAL OCCUPATH work done during me	ON ast of working	16b. KIND OF BUS	SINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	,						
9		<u> Saw Mi</u>	11 Ope	rator	Saw Mill				
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	NAME (First, Middle, Maiden Surname)				
James S. Rue				Edna	Harwood				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
Mrs. Doris T.	Rue	11508	Beckf	ord Ave	Princ	ace Anr	no Md		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	20	b. PLACE AND DATE O	FOISPOSITION /N			CATION — City or			
4 Donation 5 Other (Specify)	00	metery, crematory or ot	her place)	iscopal			Marvland		
21. SIGNATURE OF FUNERAL SERVICE LICENS		And I		ID ADDRESS OF FA		Anne.	Marytand		
	0		Hinm	an Fune	ral Home				
James d. Mar		M00295	11673	Somerse	t Ave. Pr.	Anne. N	d. 21853		
23. PART I. Enter the diseases, or com ahock, or heart failure. List	pilications that cause t only one cause on a	ed the death. Do n	ot enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximata		
IMMEDIATE CAUSE (Final		2	, 0	/			Interval Between Onset and Daath		
disease or condition resulting in death)	(arc	us amo	VC	OINN			1. Uvo		
	DUE TO (OR AS	A CONSEQUENCE OF	77	+	1.		100		
	m	otas	tosic	X	15/0	4	manthe		
Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
CAUSE (Disease or Injury	e.								
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST									
2427 11 211 211 211									
PART II. Other aignificant conditions of	ontributing to death I	but not reaulting is	n the underlying	cause given in	Part I. 24a. WAS AN / PERFORI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
·					1 YES 2		COMPLETION OF CAUSE		
							OF DEATH?		
					_				
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	nck only one)				
	OSPITAL: Inpetient 2 ER/Out	netient 3 🗆 DOA	OTHER:						
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	4 Nursing Hom OF 28c. INJ		6 Other (Specify)	Himi acailaca			
1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?	26d. DEŞCRIBE HOW IN	JURY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	V — At home form of							
4 Homicide datermined	building, atc. (Spe	cify)	ireet, mictory, omici	'	261. LOCATION (Street as City or Town, State)	nd Number or Rurel	Route Number,		
On CERTIFIED A									
29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my know	riedge, daath occurre	d at the time, date	and place, and due	to the cause(e) and meni	ner an stated.			
one) 2 MEDICAL EXAMINER: O	n the besis of examination	en and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, and	dua to the cause	(a) end mannar as stated.		
29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			O (Monthy Day, Year)		
<i>M</i>	1. D. S.	24 fram			764	▶ 9/1	5/94		
					/		- 1 / -		

July 2 Desider Rundad